

# THE AMERICAN JOURNAL OF NURSING

VOL. IX

SEPTEMBER, 1909

NO. 12

## NURSING NEWS AND ANNOUNCEMENTS



As this September issue of the JOURNAL is devoted to the proceedings and papers of the Associated Alumnae, all our regular departments are held over until October, with the exception of the following announcements which cannot be delayed. In accordance with the instructions of the publication committee, some of the discussions of the conventions have been abridged or omitted.

### THE ARMY NURSE CORPS

JANE A. DELANO, R.N., has been appointed superintendent of the Army Nurse Corps to fill the vacancy caused by the resignation of Mrs. Dita H. Kinney.

### NEW YORK

THE ANNUAL MEETING of the New York State Nurses' Association will be held in New York City, October 19 and 20.

SPECIAL COURSES AT TEACHERS' COLLEGE.—Students who are considering taking the course in Hospital Economics at Teachers' College, New York City, are advised to communicate with the director of the course. Miss Adelaide Nutting, in regard to a new department on Household Arts about to be opened. A preparatory course, which will, in certain schools, shorten the term of hospital training, will be described by Miss Nutting in our next issue.

### PENNSYLVANIA

THE BOARD FOR REGISTRATION AND EXAMINATION OF NURSES, under Act 208, organised at Harrisburg, July 22, and elected officers as follows: president, William S. Higbee, M.D.; vice-president, Roberta M. West; secretary-treasurer, Albert E. Blackburn, M.D., 3813 Powelton Avenue, Philadelphia. The other members of the board are: Alice M. Seabrook, M.D., and Ida F. Giles. The secretary of the Board will now receive applications for registration and will forward application blanks as soon as the printing is completed. Pennsylvania nurses are urged to realize the necessity for registration.

ALBERT E. BLACKBURN, M.D., secretary.

**MARYLAND**

THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold the next examination for state registration October 5, 6, 7, and 8, 1909. All applications should be filed with the secretary before September 21. Applicants will be notified as to time and place.

NANNIE J. LACKLAND, R.N., secretary,  
Medical and Chirurgical Library, 1211 Cathedral Street, Baltimore, Md.

**DISTRICT OF COLUMBIA**

THE NURSES' EXAMINING BOARD of the District of Columbia will hold examination of applicants November 3 and 4, 1909. Apply to the secretary, Katherine Douglass, R.N., 320 East Capitol Street, for particulars.

**INDIANA**

THE INDIANA STATE NURSES' ASSOCIATION will hold its annual convention in Indianapolis on October 5, 6, and 7. The first two days will be given to state work, the last day to the work of superintendents of hospitals and training schools. An excellent program is nearing completion and will be sent out early. Members will please note the change in time of meeting, as the meetings have heretofore been held in September.

M. D. CURRIE, secretary.

**WASHINGTON**

THE WASHINGTON STATE BOARD OF EXAMINERS OF NURSES will hold its first examination of applicants for state registration September 29 and 30, commencing at 9 A.M., in the club-house of the Federation of Women's Clubs, 232 Harvard Avenue, North Seattle, and will also pass on applicants eligible for registration without examination. Application blanks can be obtained from Mrs. A. W. Hawley, 718 Howell Street, Seattle, Washington.

**CONNECTICUT**

CONFERENCE ON PREVENTION OF INFANT MORTALITY.—Under the auspices of the American Academy of Medicine, a conference on the Prevention of Infant Mortality will be held at New Haven, Conn., November 11 and 12, which will be of special interest to nurses engaged in any form of social work.

**NEW FALL BOOKS**

THE Maxwell and Pope text-book on nursing is being revised and will be out of the hands of the printer, G. P. Putnam and Sons, New York, in the early fall.

Miss Kimber's "Anatomy and Physiology" has been revised by Caroline E. Gray, R.N., of the New York City Training School for Nurses, and is now ready. It is published by the Macmillan Company.

A "Bacteriology for Nurses," by Isabel Meissac, is promised for September 10, also published by the Macmillan Company.



## HONORARY MEMBERS

FLORENCE NIGHTINGALE  
MRS. WINTHROP COWDIN

MRS. W. BAYARD CUTTING  
MRS. WHITELAW REID

## OFFICERS FOR 1909-10

### President

JANE A. DELANO, R.N., 430 West 118th Street, New York, N. Y.

### First Vice-President

GENEVIEVE COOKE, 324 Grand Avenue, Oakland, California.

### Second Vice-President

MRS. A. R. COLVIN, 30 Kent Street, St. Paul, Minnesota.

### Secretary and Inter-State Secretary

AGNES G. DEANS, 661 Cass Avenue, Detroit, Michigan.

### Treasurer

ANNA DAVIDS, R.N., Charleston General Hospital, Charleston, West Virginia.

## BOARD OF DIRECTORS

### For Three Years

ANNIE DAMER, R.N. MRS. HUNTER ROBB

### For Two Years

ADELAIDE NUTTING, R.N. MRS. FREDERICK TICE

### For One Year

ISABEL MCISAAC ANNA L. ALLINE, R.N.

## COMMITTEES

### STANDING COMMITTEES

#### Arrangements

ANNA MAXWELL, Chairman

#### Publications

SARAH E. SLY ANNA DAVIDS

AGNES G. DEANS

#### Eligibility

MARGARET WHITAKER ANNA E. REED  
EDITH P. ROMMEL

#### Program

MRS. E. BALDWIN LOCKWOOD HELENA MCMILLAN  
JESSIE CATTAN VICTORIA ANDERSON  
MARY E. LENT



**LIST OF ASSOCIATIONS HAVING MEMBERSHIP IN THE  
ASSOCIATED ALUMNÆ, TOGETHER WITH SECRE-  
TARIES AND DELEGATES REGISTERED.**

|  |   |
|--|---|
| Allegheny General Hospital, Pittsburgh.....              | Secretary, ISABEL CHAYTOR,<br>1209 Besaca Place,<br>Pittsburgh, Pa.<br>No delegate.   |
| Asbury M. E. Hospital, Minneapolis.....                  | Secretary, BEULAH E. RAMER,<br>2361 James Ave., North,<br>Minneapolis, Minn.<br>Delegate..... BERTHA MATLECK.                       |
| Augustana Hospital, Chicago.....                         | Secretary, Miss STALBERG,<br>Augustana Hospital,<br>Chicago, Ill.<br>Delegates..... J. E. DAHLGREN, HILMA JOHNSON.                  |
| Baltimore City Hospital, Baltimore.....                  | Secretary JOHANNA TURE,<br>Subbrooke Park, Md.<br>No delegate.  |
| Battle Creek Sanitarium and Hospital, Battle Creek ..... | Secretary CARRIE ZAHN,<br>Battle Creek Sanitarium,<br>Battle Creek, Mich.<br>Delegates..... MRS. M. S. FOY, MRS. EFFIE TYREL.       |
| Bellevue Hospital, New York.....                         | Secretary, ANNIE DAMER,<br>Yorktown Heights, N. Y.<br>Delegates..... JANE A. DELANO, L. L. DOCK.                                    |
| Boston and Massachusetts General, Boston.....            | Secretary, MARY COLE,<br>Stillman Infirmary,<br>Cambridge, Mass.<br>Delegates..... ANNIE H. SMITH, ANNIE FLETCHER, ELIZA H. MCLEAN. |
| Boston City Hospital, Boston.....                        | Secretary (not given).<br>Delegates..... MARY E. GLADWIN, MRS. ELIZABETH STILLHAMER.  |
| Brooklyn Homeopathic Hospital, Brooklyn.....             | Secretary, STELLA M. HEALY,<br>128 Greene Avenue,<br>Brooklyn, N. Y.<br>Delegate..... ANNA L. ALLINE.                               |
| Brooklyn Hospital, Brooklyn.....                         | Secretary, Mrs. ALICE DEZOUCHE,<br>66 Montague Street,<br>Brooklyn, N. Y.<br>Delegate..... TAMAR E. HEALY.                          |
| Buffalo General Hospital, Buffalo.....                   | Secretary (not given)<br>No delegate.   |
| Butterworth Hospital, Grand Rapids.....                  | Secretary, BEATRICE GRAHAM,<br>169 West Broadway,<br>Grand Rapids, Mich.<br>No delegate.  |
| California Hospital, Los Angeles.....                    | Secretary, HELEN C. FRANKLIN,<br>915 King St.,<br>Los Angeles, Cal.<br>Delegates..... EVA V. JOHNSON, MARGARET E. WALLER.           |
| Chicago Baptist Hospital, Chicago.....                   | Secretary, ELEANOR S. JESTER,<br>3156 South Park Avenue,<br>Chicago, Ill.<br>Delegate..... MATILDA A. WILD.                         |
| Children's Hospital, Boston.....                         | Secretary, ANNE SUTHERLAND,<br>Children's Hospital,<br>Wellesley Hills, Mass.<br>No delegate.                                       |
| Children's Hospital, San Francisco.....                  | Secretary, ADA M. BOYE,<br>3821 Sacramento Street,<br>San Francisco, Cal.<br>No delegate.   |

|   |  |
|---|--|
| Cincinnati Hospital, Cincinnati.....                    | { Secretary, MRS. OSCAR BEHRMAN,<br>811 Freeman Avenue,<br>Cincinnati, Ohio.         |
|   | No delegate.   |
| Church Home and Infirmary, Baltimore.....               | { Secretary, MARY HAMMAR,<br>750 Reservoir Street,<br>Baltimore, Md.                 |
|   | No delegate.   |
| City Hospital of Akron, Akron.....                      | { Secretary, EMMA DONNENWORTH,<br>City Hospital of Akron,<br>Akron, Ohio.            |
|   | No delegate.   |
| City and County Hospital, Denver.....                   | { Secretary, M. M. BALDING,<br>708 E. 16th Ave.,<br>Denver, Colo.                    |
| Delegate.....   | LOUISE PERRIN.   |
| City and County Hospital, St. Paul.....                 | { Secretary, DELIA F. O'BRIEN,<br>86 Western Avenue,<br>St. Paul, Minn.              |
| Delegate.....   | KATHERINE GALWAY.  |
| City Hospital, Minneapolis.....                         | { Secretary, IRENE R. FOOTE,<br>Associated Charities,<br>Minneapolis, Minn.          |
| Delegate.....   | LAURA K. LARSEN.   |
| Columbia and Children's Hospital, Washington, D. C..... | { Secretary, FREDERICA BRAUN,<br>2001 I Street,<br>Washington, D. C.                 |
|   | No delegate.   |
| Connecticut Training School, New Haven.....             | { Secretary, JULIA T. COONAN,<br>New Haven Hospital,<br>New Haven, Conn.             |
| Delegates.....  | JULIA T. COONAN, MRS. E. B. LOCKWOOD.  |
| Erie County Hospital, Buffalo.....                      | { Secretary, Mrs. R. W. TAYLOR,<br>492 Crescent Avenue,<br>Buffalo, N. Y.            |
|   | No delegate.   |
| Farrand Training School, Detroit.....                   | { Secretary, LYDIA B. JAMES,<br>36 Erskine Street,<br>Detroit, Mich.                 |
| Delegates.....  | KATHERINE CONKLIN, GERTRUDE BARNES.  |
| Faxton Hospital, Utica.....                             | { Secretary, RUTH A. YALE,<br>Deansboro,<br>Oneida, N. Y.                            |
|   | No delegate.   |
| Freedmen's Hospital, Washington, D. C.....              | { Secretary, M. A. ALLEN,<br>518 T Street, N. W.<br>Washington, D. C.                |
|   | No delegate.   |
| French Hospital, San Francisco.....                     | { Secretary, FRANCES GRAY,<br>4 Steiner St.,<br>San Francisco, Cal.                  |
| Delegate.....   | JANE CUTHBERTSON.  |
| Garfield Memorial Hospital, Washington, D. C. ....      | { Secretary, HELEN W. GARDNER,<br>The Portner,<br>Washington, D. C.                  |
| Delegate.....   | ALICE M. PRENTISS.   |
| German Hospital, Brooklyn .....                         | { Secretary, Mrs. MAY PFEIFFER,<br>313 Stuyvesant Avenue,<br>Brooklyn, N. Y.         |
|   | No delegate.   |
| German Hospital, New York .....                         | { Secretary, EMMA LINDHEIMER,<br>Harlem Hospital,<br>136th & Lenox Ave., New York.   |
|   | No delegate.   |
| Germantown Hospital, Philadelphia.....                  | { Secretary, MARGARET E. JONES,<br>6310 Baynton Street,<br>Germantown, Philadelphia. |
| Delegate.....   | ANNA L. REIGAL.  |

|  |  |
|--|--|
| Grace Hospital, Detroit                          | Secretary, MARTHA TOWNSEND,<br>608 3rd Avenue,<br>Detroit, Mich.   |
| Delegate.....                                    | RACHEL MULHERON.   |
| Grant Hospital, Columbus                         | Secretary, BERTIE TOY,<br>Grant Hospital,<br>Columbus, Ohio.   |
|  | No delegate.   |
| Hahnemann Hospital, Chicago                      | Secretary, EDITH FOWLER,<br>211 E. 47th Street,<br>Chicago, Ill.   |
| Delegates.....                                   | ELLEN PERSONS, NITA WOMACKS.   |
| Hahnemann Hospital, Philadelphia                 | Secretary, HELEN B. ADAMS,<br>271 W. Rittenhouse St.,<br>Germantown, Phila., Pa.                                   |
| Delegate.....                                    | MARGARET WHITAKER.   |
| Hartford Hospital, Hartford                      | Secretary, CATHERINE S. ANNABLE,<br>29 Buckingham Street,<br>Hartford, Conn.                                       |
| Delegate.....                                    | ALICE McCORMAC.  |
| Henrotin Memorial Hospital, Chicago              | Secretary, SARAH C. ROBERTS,<br>571 LaSalle Avenue,<br>Chicago, Ill.   |
|  | No delegate.   |
| Hope Hospital, Fort Wayne                        | Secretary, ELLA JONE,<br>Hanna Homestead, East Lewis St.,<br>Fort Wayne, Ind.                                      |
| Delegate.....                                    | MRS. M. S. ELLIOTT.  |
| Hospital of the Good Samaritan, Los Angeles      | Secretary, Mrs. CATHERINE C. POT-<br>TENGER, Pottenger Sanitarium,<br>Monrovia, Cal.                               |
|  | No delegate.   |
| Hospital of the Good Shepherd, Syracuse          | Secretary, Mrs. ANNA R. ERHERD,<br>506 The Moore, James Street,<br>Syracuse, N. Y.                                 |
| Delegate.....                                    | MRS. HARVEY D. BURRILL.  |
| House of Mercy, Pittsfield                       | Secretary, ANNIE FOSS,<br>99 Elizabeth Street,<br>Pittsfield, Mass.  |
| Delegate.....                                    | ANNA G. HAYES.   |
| Illinois Training School, Chicago                | Secretary, Mrs. BERNARD FANTUS,<br>328 Marshfield Avenue,<br>Chicago, Ill.   |
| Delegates.....                                   | MINNIE AHRENS, M. C. WHEELER, EDITH MUHS, MRS. J. C.<br>BARNHART, H. W. KELLY, L. F. PICKHARDT, ELLEN V. ROBINSON, |
| Indianapolis City Hospital, Indianapolis         | Secretary, EDITH BAYNES,<br>2004 Park Avenue,<br>Indianapolis, Ind.  |
| Delegate.....                                    | F. E. GERARD.  |
| Jefferson Medical College Hospital, Philadelphia | Secretary, ADA N. DOM.<br>1700 Arch Street,<br>Philadelphia, Pa.   |
| Delegate.....                                    | ADA N. DOM.  |
| Jewish Hospital, Cincinnati                      | Secretary, HENESTINE MIELZINGER,<br>Jewish Hospital,<br>Cincinnati, O.   |
|  | No delegate.   |
| Jewish Hospital, Philadelphia                    | Secretary, Mrs. WALTER F. PULLIN-<br>GER, 2146 Nedro Street,<br>Philadelphia, Pa.                                  |
|  | No delegate.   |
| John N. Norton Memorial Infirmary, Louisville    | Secretary, ELLA FRANCIS,<br>817 South 2nd Street,<br>Louisville, Ky.   |
| Delegate.....                                    | MARY T. JENNINGS.  |
| Johns Hopkins Hospital, Baltimore                | Secretary, C. M. DICK,<br>1800 North Charles Street,<br>Baltimore, Md.   |
| Delegates.....                                   | ADAH PATTERSON, MRS. A. E. COLVIN, LUCY SHARPE, ANNA<br>JAMME, SARAH GRANT.  |

|   |  |
|---|--|
| King's County Hospital, Brooklyn.....           | { Secretary, MARY O'DONNELL.<br>King's County Hospital,<br>Brooklyn, N. Y.                     |
| Delegate.....                                   | MARY O'DONNELL.  |
| Lakeside Hospital, Chicago.....                 | Secretary (not given).<br>No delegate.   |
| Lakeside Hospital, Cleveland.....               | { Secretary, LENA DRAPER.<br>1002 Somerset Avenue,<br>Cleveland, Ohio.                         |
| Delegates.....                                  | MAUDE BOWNE, HARRIET LEET.   |
| Lane Hospital, San Francisco.....               | { Secretary, ELIZABETH ANN CALDWELL, 2900 Pacific Avenue,<br>San Francisco, Cal.               |
|   | No delegate.   |
| Lebanon Hospital, New York.....                 | { Secretary, MARIE SCHMIDLING.<br>230 West 123d Street,<br>New York, N. Y.                     |
|   | No delegate  |
| Long Island College Hospital, Brooklyn.....     | { Secretary, E. VIOLETTA TOUPET.<br>128 Pacific Street,<br>Brooklyn, N. Y.                     |
| Delegate.....                                   | FLORENCE THOMPSON.   |
| Maine General Hospital, Portland.....           | { Secretary, Mrs. C. H. CHASE.<br>347 Woodford Street,<br>Woodfords, Maine.                    |
| Delegate.....                                   | FLORENCE C. BISHOP.  |
| Maryland General Hospital, Baltimore.....       | { Secretary, ELIZABETH G. PRICE.<br>205 North Fulton Avenue,<br>Baltimore, Md.                 |
|   | No delegate.   |
| Maryland Homeopathic Hospital, Baltimore.....   | { Secretary, LILLIAN KOHLMAN.<br>1011 Arlington Avenue, North,<br>Baltimore, Md.               |
| more .....                                      | No delegate.   |
| Massachusetts Homeopathic Hospital, Boston..... | { Secretary, CARLOTTA A. MARSHALL.<br>Massachusetts Homeopathic Hospital,<br>Boston, Mass.     |
|   | No delegate.   |
| Massachusetts State Hospital, Tewksbury.....    | { Secretary, EDITH HUNTRESS.<br>Massachusetts State Hospital,<br>Tewksbury, Mass.              |
|   | No delegate.   |
| Medico-Chirurgical Hospital, Philadelphia.....  | { Secretary, Mrs. C. A. BONNAFFON.<br>5616 Market Street,<br>Philadelphia, Pa.                 |
| Delegates.....                                  | MRS. B. F. SCHLOSS, MRS. M. E. MOYER.  |
| Memorial Hospital, Richmond .....               | { Secretary, AUGUSTA B. MEYER.<br>201 East Grace Street,<br>Richmond, Va.                      |
|   | No delegate.   |
| Methodist Episcopal Hospital, Brooklyn.....     | { Secretary, AGNES E. REANY.<br>280 St. James Place,<br>Brooklyn, N. Y.                        |
| Delegate.....                                   | VICTORIA ANDERSON.   |
| Methodist Episcopal Hospital, Philadelphia..... | { Secretary, ROSALIE FERREE.<br>4104 Girard Avenue,<br>Philadelphia, Pa.                       |
|   | No delegate.   |
| Metropolitan Hospital, New York.....            | { Secretary, HELENE BENGSTON.<br>Metropolitan Hospital, Blackwell's<br>Island, New York, N. Y. |
|   | No delegate.   |
| Mercy Hospital, Chicago.....                    | { Secretary, MILDRED VANAKEN.<br>2411 Indiana Avenue,<br>Chicago, Ill.                         |
| Delegate.....                                   | CHLOE JACKSON.   |

|   |   |
|---|---|
| Miami Valley Hospital, Dayton.....                    | { Secretary, IDA M. BOYCE,<br>Miami Valley Hospital,<br>Dayton, Ohio.                         |
| Michael Reese Hospital, Chicago.....                  | { Secretary, Mrs. C. A. GRAVES,<br>388 E. 44th Street,<br>Chicago, Ill.                       |
| Delegates.....  | E. H. STEELE, GRACE VANLECK.  |
| Mount Sinai Hospital, New York.....                   | { Secretary, E. N. UNDERWOOD,<br>54 Morningside Avenue,<br>New York, N. Y.                    |
|   | No delegate.  |
| National Homeopathic Hospital, Washington, D. C. .... | { Secretary, Mrs. BLANCHE W. SONEN,<br>749 Newton Place,<br>Washington, D. C.                 |
| Delegate.....   | RERA TAYLOR.  |
| New England Hospital, Roxbury.....                    | { Secretary, S. T. HAVILAND,<br>13 Dimock St.,<br>Roxbury, Mass.                              |
| Delegate.....   | GRACE ROBINSON.   |
| Newport Hospital, Newport .....                       | { Secretary, MARGARET MCLEAN,<br>St. George's School,<br>Newport, R. I.                       |
|   | No delegate.  |
| Newton Hospital, Newton Lower Falls.....              | { Secretary, BERTHA ALLEN,<br>Newton Hospital,<br>Newton Lower Falls, Mass.                   |
|   | No delegate.  |
| New York City Hospital, New York.....                 | { Secretary, ANNIE M. KEAVERN,<br>New York City Training School,<br>Blackwell's Island, N. Y. |
| Delegates.....  | IRENE B. YOCOM, H. GRACE FRANKLIN.  |
| New York Hospital, New York.....                      | { Secretary, ADA B. STEWART,<br>Grace Settlement, 414 E. 14th St.,<br>New York.               |
| Delegates.....  | E. E. GOLDING, ALICE TWITCHELL, A. W. GOODRICH, AMY HOLMES, J. C. STIMSON.                    |
| New York Post-Graduate Hospital, New York .....       | { Secretary, LANDELLES DINGWALL,<br>596 Lexington Avenue,<br>New York, N. Y.                  |
| Delegate.....   | SARAH J. GRAHAM.  |
| North Adams Hospital, North Adams.....                | { Secretary, ANNIE MOSSIP,<br>25 Arnold Place,<br>North Adams, Mass.                          |
|   | No delegate.  |
| Northwestern Hospital, Minneapolis.....               | { Secretary, BERTHA E. MERRILL,<br>2806 Grand Avenue,<br>Minneapolis, Minn.                   |
| Delegate.....   | BERTHA E. MERRILL.  |
| Old Dominion Hospital, Richmond.....                  | { Secretary, ELISABETH R. P. COCKE,<br>Box 22,<br>Bon Air, Va.                                |
| Delegate.....   | NANNIE J. MINOR   |
| Orange Training School, Orange.....                   | { Secretary, BEATRICE DRUGE,<br>25 Waverly Place,<br>Orange, N. J.                            |
| Delegate.....   | MARGARET C. SQUIRE.   |
| Pasadena Hospital, Pasadena .....                     | { Secretary, MARY M. ROULSTON,<br>495 South Euclid Avenue,<br>Pasadena, Cal.                  |
| Delegate.....   | MARY M. ROULSTON.   |
| Passavant Memorial Hospital, Chicago.....             | { Secretary, LILLIAN M. ECKERT,<br>478 LaSalle Avenue,<br>Chicago, Ill.                       |
|   | No delegate.  |
| Paterson General Hospital, Paterson.....              | { Secretary, EDITH COOPER,<br>711 East 18th Street,<br>Paterson, N. J.                        |
|   | No delegate.  |

|   |  |
|---|--|
| Pennsylvania Hospital, Philadelphia.....          | { Secretary, ELIZABETH L. POWELL,<br>Pennsylvania Hospital,<br>Philadelphia, Pa.   |
| Delegate.....                                     | BEULAH E. COPE.  |
| Philadelphia Hospital, Philadelphia.....          | { Secretary, M. L. VAN THUYNE,<br>425 Vine Street,<br>Philadelphia, Pa.            |
| Delegates.....                                    | M. L. VAN THUYNE, A. M. RINDLAUB, DELIA O'CONNELL.                                 |
| Polyclinic Hospital, Philadelphia.....            | { Secretary, KATHERINE WOOD,<br>Polyclinic Hospital,<br>Philadelphia, Pa.          |
|   | No delegate.   |
| Pittsburgh Homeopathic Hospital, Pittsburgh.....  | { Secretary, WILHELMINA DUNCAN,<br>43 Federal Street,<br>Pittsburgh, Pa.           |
| Delegate.....                                     | IDA F. GILES.  |
| Presbyterian Hospital, Chicago.....               | { Secretary, THEODORA M. TOWNSEND,<br>Englewood Hospital,<br>Englewood, Ill.       |
|   | No delegate.   |
| Presbyterian Hospital, New York.....              | { Secretary, JEAN I. GUNN,<br>37 East 71st Street,<br>New York, N. Y.              |
| Delegate.....                                     | A. D. VAN KIRK.  |
| Presbyterian Hospital, Philadelphia.....          | { Secretary, MYRTLE M. WEAVER,<br>51 N. 39th Street,<br>Philadelphia, Pa.          |
| Delegates.....                                    | FLORENCE LONGENECKER, LILLIAN MINNIG, HULDAH RANDALL.                              |
| Protestant Episcopal Hospital, Philadelphia.....  | { Secretary, FRANCES M. DEMUTH,<br>1614 Summer Street,<br>Philadelphia, Pa.        |
| Delegate.....                                     | ELIZABETH HANSON.  |
| Providence Hospital, Washington.....              | { Secretary, BESSIE BAYLY,<br>940 P Street, N. W.,<br>Washington, D. C.            |
|   | No delegate.   |
| Provident Hospital, Chicago.....                  | { Secretary, E. M. IRWIN,<br>3630 Calumet Avenue,<br>Chicago, Ill.                 |
| Delegate.....                                     | VIOLA V. SYMONS.   |
| Reading Hospital, Reading.....                    | { Secretary, EDNA M. HAIN,<br>105 South 4th Street,<br>Reading, Pa.                |
| Delegate.....                                     | CONSTANCE V. CURTIS.   |
| Rhode Island Hospital, Providence.....            | { Secretary, WINIFRED L. FITZPATRICK,<br>17 Jenkins Street,<br>Providence, R. I.   |
| Delegate.....                                     | ELIZABETH SHERMAN.   |
| Rochester City Hospital, Rochester.....           | { Secretary, CARLOTTA HERMAN,<br>46 Fulton Avenue,<br>Rochester, N. Y.             |
| Delegates.....                                    | CATHERINE KIMMICK, ELIZABETH FRICK.  |
| Rochester Homeopathic Hospital, Rochester.....    | { Secretary, ESTELLE MEYER,<br>224 Alexander Street,<br>Rochester, N. Y.           |
| Delegates.....                                    | ELIZABETH WEBBER, NELLIE BENTON.   |
| Roosevelt Hospital, New York.....                 | { Secretary, KATHLEEN SISMAN,<br>321 East 15th Street,<br>New York, N. Y.          |
| Delegate.....                                     | MARY E. HARLEY.  |
| Salem Hospital, Salem.....                        | { Secretary, JULIA M. LEACH,<br>Salem Hospital,<br>Salem, Mass.                    |
|   | No delegate.   |
| San Francisco Training School, San Francisco..... | { Secretary, Mrs. LYDIA J. FRENCH,<br>2400 Fillmore Street,<br>San Francisco, Cal. |
|   | No delegate.   |

*Report of the Twelfth Annual Convention*

|  |   |   |
|--|---|---|
| St. Barnabas Hospital, Minneapolis.....                  | { | Secretary, RUTH BARCOCK,<br>728 4th Street, S. E.<br>Minneapolis, Minn.                 |
| Delegate.....  |   | MINNIE PATTERSON.   |
| St. Joseph's Hospital, Chicago.....                      | { | Secretary, SUSAN CROWE,<br>4757 St. Lawrence Avenue,<br>Chicago, Ill.                   |
|  |   | No delegate.  |
| St. Joseph's Hospital, Paterson.....                     | { | Secretary, Mrs. H. F. REID,<br>R. D. No. 2, Box 24,<br>Ridgewood, N. J.                 |
|  |   | No delegate.  |
| St. Joseph's Hospital, Philadelphia.....                 | { | Secretary, SARAH CUDDAHY,<br>1717 Arch Street,<br>Philadelphia, Pa.                     |
|  |   | No delegate.  |
| St. Joseph's Hospital, St. Paul.....                     | { | Secretary, AMELIA SWANSON,<br>(address not given)                                       |
| Delegate.....  |   | ADELAIDE WOODARD, M.D.  |
| St. Louis Training School, St. Louis.....                | { | Secretary, ANNA H. METZGER,<br>2537 Whitemore Place,<br>St. Louis, Mo.                  |
| Delegates.....   |   | M. A. GILLIS, O. MYERS.   |
| St. Luke's Hospital, Chicago.....                        | { | Secretary, Mrs. H. D. PETERSON,<br>1800 Michigan Avenue,<br>Chicago, Ill.               |
| Delegates.....   |   | MRS. L. L. MCNEEL, MRS. H. D. PETERSON, ADDA ELDREDGE.                                  |
| St. Luke's Hospital, New Bedford.....                    | { | Secretary, MINA DONELLY,<br>220 Kempton Street,<br>New Bedford, Mass.                   |
|  |   | No delegate.  |
| St. Luke's Hospital, New York.....                       | { | Secretary, Mrs. HUGH R. JACK,<br>909 Avenue St. John,<br>New York, N. Y.                |
| Delegates.....   |   | REBECCA B. TOUPET, AMY M. HILLIARD.   |
| St. Luke's Hospital, Richmond.....                       | { | Secretary, EMILY PAGE JONES,<br>220 South Third Street,<br>Richmond, Va.                |
|  |   | No delegate.  |
| St. Luke's Hospital, San Francisco.....                  | { | Secretary, ALICE PROVENCE,<br>4 Steiner Street,<br>San Francisco, Cal.                  |
|  |   | No delegate.  |
| St. Luke's Hospital, South Bethlehem.....                | { | Secretary, Mrs. H. T. EDWARDS,<br>314 West 4th Street,<br>South Bethlehem, Pa.          |
|  |   | No delegate.  |
| St. Luke's Hospital, St. Louis.....                      | { | Secretary, LOUISE HILLIGASS,<br>4353 West Belle Place,<br>St. Louis, Mo.                |
| Delegate.....  |   | LOUISE PIERSON.   |
| St. Luke's Hospital, St. Paul.....                       | { | Secretary, MARY WEDDELL,<br>577 Oakland Avenue,<br>St. Paul, Minn.                      |
| Delegate.....  |   | L. M. DAVIS.  |
| St. Mary's Hospital, Brooklyn.....                       | { | Secretary, E. I. KIVLON,<br>153 Prospect Place,<br>Brooklyn, N. Y.                      |
|  |   | No delegate.  |
| St. Mary's Hospital, Detroit.....                        | { | Secretary, MARTHA FORESTAL,<br>636 Second Avenue,<br>Detroit, Mich.                     |
|  |   | No delegate.  |
| St. Mary's Hospital, San Francisco.....                  | { | Secretary, KATHERINE KEENAN,<br>428 First Avenue,<br>San Francisco, Cal.                |
|  |   | No delegate.  |
| S. R. Smith Infirmary, Tomkinsville, Staten Island ..... | { | Secretary, CLARA A. McDONALD,<br>Oakland Avenue, West Brighton,<br>Staten Island, N. Y. |
|  |   | No delegate.  |

|   |  |
|---|--|
| State Hospital of the Northern Anthracite<br>Coal Region, Scranton..... | Secretary, MARY LIGNE,<br>522 Wyoming Avenue,<br>Scranton, Pa.               |
|   | No delegate.   |
| Swedish Hospital, Minneapolis.....                                      | Secretary, LILIAN ERICSON,<br>926 East 19th Street,<br>Minneapolis, Minn.    |
|   | Delegate..... HANNAH F. SWENSON.   |
| Toledo Hospital, Toledo.....  | Secretary, JENNIE JORDAN,<br>1937 Franklin Avenue,<br>Toledo, O.             |
|   | No delegate.   |
| Union Benevolent Association Hospital,<br>Grand Rapids .....            | Secretary (not given).   |
|   | No delegate.   |
| Union Protestant Infirmary, Baltimore.....                              | Secretary, M. A. GROSS,<br>1114 Madison Avenue,<br>Baltimore, Md.            |
|   | Delegate..... ANNE P. HOPKINS.   |
| University Hospital, Kansas City.....                                   | Secretary, EVA ROSEBERRY,<br>923 East 9th Street,<br>Kansas City, Mo.        |
|   | No delegate.   |
| University of Maryland Hospital, Balti-<br>more .....                   | Secretary, MARY E. GRIMES,<br>21 N. Carey Street,<br>Baltimore, Md.          |
|   | Delegate..... ELIZA B. GRAY.   |
| University of Michigan Hospital, Ann<br>Arbor .....                     | Secretary, MAY WILLIAMS,<br>U. of M. Hospital,<br>Ann Arbor, Mich.           |
|   | No delegate.   |
| University of Pennsylvania Hospital, Phil-<br>adelphia .....            | Secretary, EMMA K. LEVAN,<br>2317 Columbia Avenue,<br>Philadelphia, Pa.      |
| Delegates..... MARY A. BAKER, MARY O'CONNELL, ELIZABETH CULBERTSON.     |  |
| Virginia Hospital, Richmond .....                                       | Secretary, HELEN ORCHARD,<br>716 West Grace Street,<br>Richmond, Va.         |
|   | No delegate.   |
| Waldeck Hospital, San Francisco .....                                   | Secretary, MARY GALLAGHER,<br>St. Luke's Hospital,<br>San Francisco, Cal.    |
|   | No delegate.   |
| Weesly Hospital, Chicago .....  | Secretary, FLORENCE OLMSTEAD,<br>4549 Indiana Avenue,<br>Chicago, Ill.       |
|   | Delegate..... SARAH NICHOLS.   |
| Western Pennsylvania Hospital, Pittsburgh.....                          | Secretary, HELEN BOHLENDER,<br>Western Penn Hospital,<br>Pittsburgh, Pa.     |
|   | Delegate..... MARY J. WEIR.  |
| West Side Hospital, Chicago.....  | Secretary, MARGARET DAVIDSON,<br>2713 N. Winchester Avenue,<br>Chicago, Ill. |
|   | Delegate..... FLORENCE DELI.   |
| Wilkes-Barre City Hospital, Wilkes-Barre.....                           | Secretary, CAROLINE LEWIS,<br>City Hospital,<br>Wilkes-Barre, Pa.            |
|   | No delegate.   |
| Williamsport Hospital, Williamsport.....                                | Secretary, Mrs. ED. S. GUNDRUM,<br>858 Louisa Street,<br>Williamsport, Pa.   |
|   | No delegate.   |
| Worcester City Hospital, Worcester.....                                 | Secretary, MARY M. L. FORD,<br>15 William Street,<br>Worcester, Mass.        |
|   | No delegate.   |

## STATE ASSOCIATIONS AFFILIATED AND DELEGATE REGISTERED.

[The addresses of secretaries of State Associations will be found in the regular Official Directory at the back of the magazine.]

|                               |                              |
|-------------------------------|------------------------------|
| California delegate           | E. M. COURBIER               |
| Colorado delegate             | LOUISE PERRIN                |
| Connecticut delegate          | MRS. EDITH BALDWIN LOCKWOOD  |
| District of Columbia delegate | REBA J. TAYLOR               |
| Georgia delegate              | ADA FINLEY                   |
| Illinois delegate             | MRS. FREDERICK TICE          |
| Indiana delegate              | MAE D. CURRIE                |
| Iowa delegate                 | IDA C. NEFF                  |
| Kentucky delegate             | ANNIE H. RECE                |
| Massachusetts delegate        | ESTHER DART                  |
| Maryland delegate             | MARY E. LENT                 |
| Michigan delegate             | AGNES G. DEANS               |
| Minnesota delegate            | MRS. A. B. COLVIN            |
| Missouri delegate             | MRS. MABEL C. LONG PREVYTAG  |
| Nebraska delegate             | VICTORIA ANDERSON            |
| New Hampshire delegate        | ETHELYN G. DUTCHER           |
| New Jersey delegate           | MARGARET SQUIRE              |
| New York delegate             | MRS. HARVEY D. BURRILL       |
| North Carolina delegate       | MARY L. WYCHE                |
| Ohio delegate                 | E. M. ELLIS                  |
| Oklahoma delegate             | MARSHA RANDALL               |
| Oregon delegate               | None                         |
| Pennsylvania delegate         | MRS. M. E. MOYER             |
| Rhode Island delegate         | ELIZABETH SHERMAN            |
| Texas delegate                | MRS. F. M. BEATY             |
| Virginia delegate             | FRANCES JONES                |
| Washington delegate           | M. C. BURNETTE               |
| West Virginia delegate        | MRS. HARRIET CAMP LOUNSBERRY |

## COUNTY AND CITY ASSOCIATIONS AFFILIATED, DELEGATE REGISTERED.

|   |                   |
|---|-------------------|
| Alameda County Graduate Nurses' Association, Oakland, Cal.  | No delegate       |
| Graduate Nurses' Association of Cleveland, Ohio             | E. M. ELLIS       |
| Graduate Nurses' Association of Indianapolis, Ind.          | FANNY GERARD      |
| Graduate Nurses' Association of Lafayette, Ind.             | MAB RUTAN         |
| Hennepin County Graduate Nurses' Association of Minneapolis | ELIZABETH STEVENS |
| Jefferson County Graduate Nurses' Club of Louisville, Ky.   | M. C. VERY        |
| Kansas City Graduate Nurses' Association                    | CORNELIA SHELYE   |
| King County Graduate Nurses' Association of Seattle         | MRS. EDITH HICKEY |
| Los Angeles County Nurses' Association                      | EVA V. JOHNSON    |
| Monroe County Registered Nurses' Association, Rochester     | SOPHIA F. PALMER  |
| Nurses' Registry Association of Colorado Springs            | WINIFRED E. LOTT  |
| Pierce County Graduate Nurses' Association of Tacoma        | EDITH WELLER      |
| Ramsey County Graduate Nurses' Association of St. Paul      | E. JAMIESON       |
| Registered Nurses' Association of Des Moines, Iowa          | E. CAMPRELL       |
| San Francisco County Nurses' Association                    | GENEVIEVE COOKE   |
| Spokane County Graduate Nurses' Association                 | No delegate       |
| Grand Forks Graduate Nurses' Association                    | No delegate       |
| Wayne County Graduate Nurses' Association of Detroit        | No delegate       |

### TOTALS.

136 Alumnae Associations,  
28 State Associations,  
18 County and City Associations,  
122 Delegates,  
218 Votes.

# THE PROCEEDINGS OF THE TWELFTH ANNUAL CONVENTION

MINNEAPOLIS, MINNESOTA, JUNE 10 AND 11, 1909

*Thursday, June 10, 1909*

## MORNING SESSION

THE meeting was called to order by the president, Miss Annie Damer, in the auditorium of the First Baptist Church, at 10 o'clock. She declared the convention open and explained who were entitled to vote. She said further: As you all know, our secretary, Miss Sly, is unable to be with us. We regret exceedingly that she has been ill during the greater part of her appointment. The Executive Committee has appointed Miss Agnes Deans, of Detroit, to temporarily fill the position. Is it your pleasure now to have Miss Deans act as secretary during the continuation of this convention?

On motion of Miss Delano, Miss Deans was appointed to act as secretary of the convention.

The roll of accredited delegates was then called by the secretary.

### REPORT OF THE EXECUTIVE COMMITTEE FOR 1908-09

MADAM PRESIDENT AND MEMBERS.—A meeting of the Board of Directors was held at Golden Gate Hall, San Francisco, immediately following the annual meeting.

It was unanimously decided that the Executive Committee consist of the following members: Misses Annie Damer, Anna Davids, Adelaide Nutting, Anna Alline, and Sarah E. Sly.

The standing committees were appointed as published in the annual report. The sum of one hundred dollars was voted to be paid the retiring secretary, Katharine DeWitt, also that a typewriter be purchased for the use of the secretary of the association.

Two meetings of the Executive Committee were held during the year, on October 30, 1908, and January 4, 1909, in New York.

Two certificates of JOURNAL stock were presented to the association by the Johns Hopkins Alumnae Association. Six shares of JOURNAL stock were purchased from the following: Lavina L. Dock (2), Mary Day Barnes (2), Eleanor Wood (2), promissory notes being issued for these shares.

Referring to a request of Miss Dock, made in her almshouse report in San Francisco, ten dollars was voted to be sent to her to be used for almshouse work, at her discretion.

Directors appointed to represent the association at the JOURNAL stockholders' meeting were Misses Damer, Nutting, Riddle, Samuel, and Krueger.

Miss Krueger declined to serve and Miss Pickhardt was appointed to fill the vacancy.

It was decided that the revision of the constitution and by-laws be referred to a special committee, the same to be appointed at the annual meeting of the association in 1909.

In correspondence with the National Association for the Study and Prevention of Tuberculosis, it was found that affiliation with this body was possible if an officer was a member. The secretary was instructed to fill out membership blank, to represent the association.

The number of alumnae associations admitted to membership 8, total 136; the number of state associations affiliated 3, total 28; the number of county and city associations 18, total 18.

The Board of Directors recommends that the association make a cash payment on three shares of JOURNAL stock, and further recommends that the entire proceedings of this meeting be published in the AMERICAN JOURNAL OF NURSING.

Respectfully submitted,

SARAH E. SLY, secretary.

#### REPORT OF THE TREASURER FOR THE YEAR 1908-9

##### CASH RECEIPTS

###### MISCELLANEOUS:

|  |               |
|--|---------------|
| Initiations .....                                    | \$45.00       |
| Alumnae association dues .....                       | 993.00        |
| State association dues .....                         | 115.00        |
| City and county association dues .....               | 70.00         |
| Sale of reports .....                                | 5.25          |
| Interest on bank balance .....                       | 23.09         |
| Discount on typewriter .....                         | 2.05          |
| Exhibits Golden Gate Hall, San Francisco .....       | 25.00         |
| Rebate on travelling expenses to San Francisco ..... | 29.43         |
| Advance for exchange on checks .....                 | .20           |
| <br>Total miscellaneous receipts .....               | <br>\$1308.02 |

###### SUBSCRIPTIONS TO JOURNAL FUND:

|   |        |
|---|--------|
| Johns Hopkins Alumnae Association .....       | \$6.00 |
| Nurses' Committee Tuberculosis Congress ..... | 31.00  |
| Dividends declared January, 1908 .....        | 45.00  |

|  |        |
|--|--------|
| Total subscription to JOURNAL fund ..... | \$2.00 |
|--|--------|

###### SUBSCRIPTION TO ENDOWMENT FUND, HOSPITAL ECONOMICS COURSE:

|  |         |
|--|---------|
| University Hospital Alumnae Association, Kansas .....          | \$15.00 |
| Children's Hospital Alumnae Association of San Francisco ..... | 25.00   |

|   |               |
|---|---------------|
| Miss Mary L. Sweeney .....  | \$10.00       |
| Miss Frida L. Hartman .....   | 3.00          |
| Bellevue Hospital Alumnae Association .....                                   | 350.00        |
| Nurses of Colorado .....  | 49.10         |
| Maine General Hospital Alumnae Association .....                              | 50.00         |
| Graduate Nurses' Association of New Hampshire .....                           | 100.00        |
| Graduate Nurses' Association of Indiana .....                                 | 100.00        |
| Graduate Nurses' Association of Lafayette, Indiana .....                      | 15.00         |
| <br>Total subscriptions to Endowment Fund, Hospital<br>Economics Course ..... | <br>\$ 717.10 |
| <br>Total cash receipts .....   | <br>\$2107.12 |

## CASH DISBURSEMENTS

## EXPENSE OF ANNUAL MEETING, 1908:

|   |               |
|---|---------------|
| Expenses of officers .....                | \$635.00      |
| Stenographer and transcripts .....        | 100.00        |
| Rent of halls for meeting .....           | 105.00        |
| Expense of transportation committee ..... | 3.00          |
| JOURNAL OF NURSING stock .....            | 200.00        |
| Report of meeting .....                   | 279.72        |
| <br>Total .....                           | <br>\$1122.72 |

## MISCELLANEOUS:

|   |               |
|---|---------------|
| Expense Nominating Committee .....  | \$11.60       |
| Expense Executive Committee .....   | 21.37         |
| Katharine DeWitt, salary .....  | 100.00        |
| Stationery and postage .....  | 93.62         |
| Typewriter .....  | 102.80        |
| Federation of Nurses dues .....   | 15.00         |
| Tuberculosis Association dues .....   | 5.00          |
| Toward expenses Almshouse Committee .....   | 10.00         |
| Bryan Horton, auditor .....   | 10.00         |
| Paid to Miss M. A. Nutting, treasurer, Endowment Fund<br>Hospital Economics Committee ..... | 717.10        |
| <br>Total miscellaneous .....   | <br>1086.49   |
| <br>Total disbursements .....   | <br>\$2209.21 |

Note.—In addition to the above, gifts of AMERICAN JOURNAL OF NURSING stock as follows: From Alice Fisher Alumnae Association, Philadelphia Hospital, one share; from Johns Hopkins Hospital Alumnae Association, two shares.

## RECAPITULATION

|   |   |
|---|---|
| Cash balance on hand April 9, 1908, General Fund..... | \$968.79                                |
| Cash balance on hand April 9, 1908, JOURNAL Fund..... | 6.00                                    |
| <br>Total receipts .....                              | <br>\$974.79                            |
| <br>Total .....<br>Total disbursements .....          | <br>2107.12<br><br>\$3081.91<br>2209.21 |

|  |              |
|--|--------------|
| Cash on hand April 30, 1908:               |              |
| General Fund .....                         | \$784.70     |
| JOURNAL Fund .....                         | 88.00        |
| <br>Total cash on hand April 30, 1908..... | <br>\$872.70 |

## ASSETS

|   |               |
|---|---------------|
| Cash on deposit Long Island L. & T. Co.:                        |               |
| General Fund .....  | \$784.70      |
| JOURNAL Fund .....  | 88.00         |
| <br>Total cash .....  | <br>\$872.70  |
| Twenty-nine shares of AMERICAN JOURNAL OF NURSING stock 2900.00 |               |
| <br>Total assets .....  | <br>\$3772.70 |

## LIABILITIES

## BILLS PAYABLE:

|   |               |
|---|---------------|
| Note dated November 17, 1908, to L. L. Dock for two shares<br>of AMERICAN JOURNAL OF NURSING stock.....           | \$200.00      |
| Note dated November 23, 1908, to Mary Day Barnes for two<br>shares of AMERICAN JOURNAL OF NURSING stock.....      | 200.00        |
| Note dated February 10, 1909, to Eleanor Wharton Wood for<br>two shares of AMERICAN JOURNAL OF NURSING stock..... | 200.00        |
| <br>Total bills payable .....   | <br>\$600.00  |
| Total liabilities .....   | 600.00        |
| <br>Net assets .....  | <br>\$3172.70 |

(Signed) ANNA DAVINS, R.N.

Audited and found correct by David A. Jayne, Charleston, W. Va., May 27, 1909.

The reports were accepted, and the secretary read greetings to the association from Miss Sly of Michigan, and Miss Erickson of California. The secretary *pro tem* was instructed to send a message of greeting and sympathy to the secretary, Miss Sly.

The report of the Committee on Arrangements, Edith P. Rommel, chairman, was read.

#### REPORT OF THE ELIGIBILITY COMMITTEE

**MADAM PRESIDENT AND MEMBERS.**—The Committee on Eligibility begs to report the following associations accepted into membership in the Nurses' Associated Alumnae, since the last meeting in San Francisco: Miami Valley Alumnae Association, Dayton, Ohio; Asbury M. E. Alumnae, Minneapolis, Minn.; Swedish Hospital Alumnae, Minneapolis, Minn.; City Hospital Alumnae, Cincinnati, Ohio; St. Joseph's Alumnae, St. Paul, Minn.; Henrotin Memorial Alumnae, Chicago, Ill.; Passavant Alumnae, Chicago, Ill.; St. Mary's Alumnae, San Francisco, Cal.

**State associations:** Washington, Oklahoma, New Jersey.

**County and city associations:** King County Graduate Nurses' Association of Seattle, Wash.; Nurses' Registry Association of Colorado Springs, Colorado; Hennepin County Graduate Nurses' Association of Minneapolis, Minn.; Registered Nurses' Association of Des Moines, Iowa; Jefferson County Graduate Nurses' Association of Louisville, Ky.; Wayne County Graduate Nurses' Association of Detroit, Mich.; San Francisco County Graduate Nurses' Association of California; Ramsey County Graduate Nurses' Association of St. Paul, Minn.; Alameda County Graduate Nurses' Association of Oakland, Cal.; Monroe County Registered Nurses' Association of Rochester, N. Y.; Graduate Nurses' Association of Pierce County, Tacoma, Wash.; Spokane County Graduate Nurses' Association of Spokane, Wash.; Graduate Nurses' Association of Cleveland, Ohio; Grand Forks Nurses' Association of Grand Forks, S. Dakota; Kansas City Graduate Nurses' Association, Missouri; Graduate Nurses' Association of Lafayette, Indiana; Graduate Nurses' Association of Indianapolis, Indiana.

Respectfully submitted,

IDA M. TICE

AGNES G. DEANS

ELIZABETH R. P. COCKE

The Program Committee submitted the completed program as its report.

#### REPORT OF THE NOMINATING COMMITTEE

The chairman of the Nominating Committee, Dr. Helen Parker Criswell, presented a report which included the list of nominations as follows:

President: Miss Isabel McIsaac, Benton Harbor, Mich. Second nomination from the floor. First Vice-President: Miss Genevieve Cooke, Oakland, Cal. Miss Edith P. Rommel, Minneapolis, Minn. Second Vice-President: Mrs. A. R. Colvin, St. Paul, Minn. Mrs. M. E. Moyer, Philadelphia, Pa. Secretary: Miss Agnes G. Deans, Detroit, Mich. Miss Ida Giles, Pittsburgh, Pa. Treasurer: Miss Anna Davida, New York. Mrs. Frederick Tice, Chicago, Ill. Directors (two to be elected to serve for three years): Miss Annie Damer, New York. Mrs. C. V. Twins, New York. Miss L. Pickhardt, Chicago, Ill. Miss K. DeWitt, Rochester, N. Y. Mrs. Hunter Robb, Cleveland, Ohio. Dr. Helen P. Criswell, San Francisco, Cal.

## REPORT OF SPECIAL COMMITTEES

The report of the Committee on the Pension Fund was called for.

Miss DAVIS as chairman of the committee stated: I think it was distinctly understood that there was to be no report on the pension fund at this meeting. I was quite unable to get together the mass of information for this meeting and have it classified, and I was not willing to present it in such a disorganized state. However, it is in such a condition that another committee can put it into shape, if so desired.

THE PRESIDENT.—You have heard Miss Davis's statement. Is it your desire that the committee shall be continued and carried over another year?

On motion of Miss Deans it was so decided.

The president appointed as inspectors of election Misses Henderson, Merrill, Gatzman, and Mrs. Hickory; Miss Henderson to be chairman.

The chair announced that Miss Isabel McLean was obliged to resign as nominee for the presidency, owing to business affairs, and that nominations from the floor were in order.

Miss Jane A. Delano of New York was nominated by Miss M. Adelaide Nutting; seconded by Miss Whittaker of Pennsylvania; and Miss Sophia F. Palmer, of Rochester, N. Y., was nominated by Mrs. Ida M. Tice of Chicago; seconded by Miss Dart of Massachusetts.

Miss PALMER.—I would like to endorse the nomination made by Miss Nutting, that of Miss Jane A. Delano of New York. Miss Delano is unwilling to have her name placed upon the ticket because of her friendship for the other candidate. I do not think any consideration of her friendship for me should prevent her accepting the nomination and in your presence I request her to permit her name to go on the ticket. (Later it was reported that Miss Delano consented to allow her name to stand with that of Miss Palmer.)

## REPORT OF THE COMMITTEE ON ALMOSHOP NURSING \*

The necessity of keeping work down to proportions that I could deal with has been my excuse for carrying on the almshouse correspondence without conferring with the other members of the committee, for which I apologize to them. As on account of the great pressure on the program of the Federation of Women's Clubs last summer, Mrs. Crane was unable to get the time she had expected for the presentation of this subject, any likelihood of early affiliation of our members with other bodies on the almshouse question was, of course, not to be looked for. The temporary committees which had been promised by our state societies had therefore no functions to perform. Mrs. Crane then determined to bring the question before state federations whenever possible; this, of course, is a slow and arduous piece of work.

My relations have been carried on directly with the presidents of state societies, as it seems that these bodies are the logical ones to look to for executive work in almshouse matters. Suggestions made to them have been: first, that, if possible they go ahead by themselves in getting nurses into the almshouses; it would help Mrs. Crane's movement, and that it was now less important to gather fresh statistics than it was to try placing nurses in almshouses; therefore, if possible, to endeavor to get at least one nurse into an

\* Condensed by the editor.

almshouse in each state; and second, to appoint standing committees on almshouse work in each state, to be ready for anything that came up.

The replies from the different states as to these two points, of which I give abstracts, show the present status of both these, as yet, quite rudimentary movements. The whole cause is one that can only move slowly, and I feel that this association will have done the best thing possible for its advancement in getting it placed on the calendars of the state societies every year and made an object of their permanent interest.

Connecticut reports that all almshouses and children's homes are inspected by the State Board of Charities, which has two women on it. In Hartford and New Haven the almshouses have trained nurses in their wards, the former being connected with the city hospital. A standing committee is to be appointed.

Colorado reports that it has, in the usual sense of the word, no almshouses. The poor are taken care of by the county hospitals and county farms. Connected with nearly all of the county hospitals are training schools for nurses. Those patients who need care are transferred from the farms to the hospitals. Some eighteen months ago the state association appointed a committee to visit the institutions and to ascertain the conditions of the same as regards training-school work. They were found in good condition. A standing committee is promised, although, with the favorable conditions in Colorado, it may not have much work to do, unless perhaps to help other states in their movement.

Georgia reports no action taken so far, but promised a standing committee to be appointed in April.

Iowa: A number of almshouses have been investigated and the returns sent to Mrs. Crane. A standing committee is promised, to be appointed in June. Legislative action providing for county hospitals is expected to bring great improvement into the conditions of almshouse sick, and many superintendents of hospitals are asking for wings for the county sick poor.

Illinois: Things have moved in Illinois. Mrs. Crane spoke in Chicago last year and secured the hoped-for affiliation. There is now a joint committee of clubwomen and nurses working on the same plan as in Michigan. The Michigan blanks have been copied, and their reports and the article, "The Forgotten People," are being sent out in every county. Four nurses, members of the state association, have been placed on the State Federation of Women's Clubs.

Wisconsin: Miss Kelly, superintendent of nurses at the County Hospital, Wauwatosa, has succeeded in placing four nurses in the almshouse there.

Massachusetts: A committee of the state association was appointed to investigate the conditions, and a complete census of the state was taken, which was found to be so favorable that there seemed very little for the state association to do.

Minnesota reports that the Executive Committee undertook to further almshouse nursing work, and that a nurse went to the president of the Federation of Women's Clubs with the proposed reform. The Federation being then deeply engaged with legislative effort for an industrial school for girls could promise no immediate assistance but promised to give any assistance in its power after that subject was settled. The Executive Committee will continue to serve.

Michigan: This state, having its joint committee and its work well under way, has nothing new to report.

Maryland: Interesting developments are also taking place in Maryland, though we must not take the credit for them. The care of the indigent sick and insane has been the subject of investigation from other directions—medical men and the State Lunacy Commission. The State Nurses' Association, however, did not fail to make the best use of the opportunities given by the general agitation. A letter says: "As to the action we have been taking here concerning almshouse nursing, we have taken it in connection with the State Lunacy Commission . . . and from the active interest every one is showing there seems little doubt that the Legislature will make the appropriation next year, so that the work can be begun in some of the counties at least. . . . the question here is, not what we will have to do to assist the Lunacy Commission, but, to have nurses prepared to fill these positions when they are ready to be offered to them. We have brought this matter up at practically every one of our meetings, so as to interest our women in this very important work."

Missouri: A thorough canvas has been made by the nurses, who find only one nurse employed in an almshouse. A movement on foot to place three others is reported, but not as the result of action by the nurses. A standing committee has been promised.

Nebraska: A standing committee is promised, and the interest of the nurses also, now that the absorption of passing a registration act is over.

New Jersey: A standing committee is promised.

North Carolina: A standing committee is promised. The state committee, appointed last year, sent out circulars to all the almshouses of the state, about 90 in all, addressed to the county physicians, explaining what they were trying to do and asking for the co-operation of these physicians in the work. Postage for reply was also sent. Only fifteen replies have been received, and of that number only one physician expressed a desire for a trained nurse in the almshouses. The chairman of the committee found, however, an enthusiastic supporter of the idea in the physician of the Forsyth County Home, who is very desirous of placing a trained nurse in charge. Two other towns also show hopeful signs. With these few exceptions the doctors seem to feel satisfied with present conditions. There are a few mild insane, epileptics, and feeble-minded in each county home reported on. They are cared for by the keeper and his wife.

Oregon: A standing committee has been appointed.

Ohio: Careful visits have been made and reports sent, showing great need of nursing. The nurses' committee is arousing interest by writing to public bodies, such as the State Charities Aid.

Oklahoma: The youngest of the state nurses' associations writes that, as we may suppose, they have not had time to take up this question, but that, as soon as they know what we want they will be glad to go into it.

Pennsylvania: The state society will appoint a standing committee, but has so far taken no steps as an association to break the ground for nurses in the almshouses. However, in Harrisburg, the capital, the medical society last winter made public complaint of the lack of isolation and disinfection in the almshouse, where a good many tuberculous patients were cared for; this without any reflection on the humane care of a very admirable warden and his wife, who do more than could be expected of non-professional people:

and following this, the head of the district nursing staff brought the proposal to place a trained nurse in charge of the sick there before the Civic Club, a very able and active club of women. She met with a sympathetic hearing, but it is too soon to expect any definite results.

**Rhode Island:** A standing committee has been appointed, thorough investigations made and co-operation promised. No action has yet been taken toward placing nurses.

**South Carolina:** Here the state society has been absorbed with registration matters, but promises active interest in the almshouses later on. Some of the leading women in the state have the matter much at heart, and they have visited and made observations.

**Texas:** The nurses here, too, have been pre-occupied with registration, but now, their bill being through, they will appoint a committee. The association was much interested in the propaganda for the almshouses, but feels it to be a delicate subject as it is "political," and "political" subjects in Texas seem to be left to the men. Women have little to say as to the welfare of their fellow creatures, I am told. Yet the Federation of Women's Clubs is strong there, and some day it may be found that the care of the sick in the almshouses is really a nursing question and not a political one at all. Or, it may be discovered that all things are political and that the word is not a bogey.

**Washington State:** Registration has put other things aside for the time being, and the association has not as yet seen its way to a definite promise of a standing committee, but promised to bring it up at the June meeting.

**West Virginia:** The state has few almshouses, probably not a dozen all told, and the state association, or its president, is trying to get a tuberculosis ward set apart in the one in Charleston.

In closing this report, it may be well to add that, as all the states have sent in from one to a number of the census forms provided by Mrs. Crane, there is very suggestive testimony on the usually entire absence of any segregation, isolation, or disinfection for tuberculous cases in almshouses throughout the country, though almost all report one or more such cases on hand as a rule. No instructions are given systematically as to the care and disposal of sputum, nor as to the protection of other patients. It may easily be seen, then, that our almshouses over the country may be said to be small centres of infection, and it is to be regretted that our inquiries had not had time to be completed last year for the tuberculosis congress, as it might have been useful for the cause to have emphasized at that meeting the neglect of preventive care in these institutions.

Since preparing my report a few additional data have come in, but I think nothing that is of special importance.

Respectfully submitted,

L. L. DOCK, chairman.

**THE PRESIDENT.**—This is certainly a very encouraging report. It just shows what we can do when we make up our minds to do it. I certainly hope this committee will be continued. Is there any further information to go into that record?

**Mrs. IDA M. TICE.**—I want to say that in Illinois in the largest almshouse

they have trained nurses in charge of the sick, and we find that house in a better condition than any other. The philanthropic committee has just begun its work during the present year, but the time is too short to present it at this meeting.

Mrs. FREYTAG.—I want to report for Missouri that in St. Louis we have trained nurses in almshouses and have had them for two years, and they are doing good work. I understand there is an opening for three more trained nurses. In Kansas City they are building a new almshouse, in which they hope to have a training school, and in almost every county in Missouri we have our county almshouse charges taken care of in a better manner than formerly. At our last state meeting there was a committee appointed to take up this matter and the chairman said she had sent me a report, but it must have been lost.

Dr. CAROLYN HINOKA.—I would like to speak one minute on this question. It is my firm belief that in getting ready for nurses in almshouses you are getting ready for one of the most important points in the prevention of the spread of tuberculosis. The countries that have made the greatest decrease in the death-rate from tuberculosis are England, Germany, Ireland, and Austria. In these countries the advanced cases are forced into the almshouses, they are taken away from their families, and the chance for infection is thereby lessened. If we could adopt some such method, I believe we could make more rapid progress in the prevention of tuberculosis by properly taking care of such cases.

Mrs. HUNTER ROSE.—Could we not ask our committee to correlate with the various tuberculosis leagues throughout the country and draw their attention to these needs?

Miss DOCK.—Your committee would be very glad to do so.

Miss BISHOP.—In Cincinnati tuberculosis cases are sent to the general hospital.

Miss JONES.—We have our nurses in almshouses in Virginia.

Miss GOOSBROOK.—Our tuberculosis patients in New York City are kept separate. All the tuberculosis patients are sent to the Metropolitan Hospital.

Miss YOCUM.—I think there is a trained nurse in charge; I do not think the other nurses are trained.

Miss LEWIS.—Eight months in almshouses in Baltimore under the direction of trained nurses I consider the best work that the state of Maryland is doing for her almshouses. The advanced cases we send away, and there are only six places in Maryland where they will take advanced cases. They are under the care of trained nurses. There is a house nurse and there are one or two trained nurses working with her.

Miss WEAVER.—In Pierce County, Washington, attention is given to these cases in almshouses.

THE PRESIDENT.—Is it your pleasure to continue this special committee?

Miss YOCUM.—I move that the committee as it stands remain. I would also like to add a hearty vote of thanks for the excellent work the committee has done. This was carried.

The president asked for a report of the Public Health Committee. Mrs. A. R. Colvin, the chairman, replied that the committee was without definite instructions, its members were widely scattered, and she had no report to make.

THE PRESIDENT.—It would be a great help to the committee to have some definite suggestions as to which line their work should be directed. See how

valuable the Almshouse Committee is because their work has been directed toward some one particular object. We would be very glad and the members of the committee would be glad if we could have some definite suggestions as to the line of work they should strive to bring before the state associations. As stated in Miss Dock's report, the campaign of registration has ended and in a good many states (23) registration laws have been enacted, and now we want something definite taken up in the matter of preventive work, and the Public Health Committee would welcome suggestions.

MISS GLADWIN suggested that the committee take up the work of venereal prophylaxis.

MISS NUTTING.—I rise to endorse the suggestion that we should work along some definite line. You actually accomplish something in that way, because the field of public health is too general, it is impossible to do effective work unless we specialize in some particular feature.

MISS PALMER.—I wish some one of our practical women would write a paper and tell us how to teach children in regard to the sex question. Some of you know that in addition to editing the JOURNAL I am bringing up a little girl, and I am right up against the question of what to teach her. She is twelve years old. I cannot find anything in pamphlets I have bought that contain a single thing I want to teach the child. All the pamphlets and papers issued by different societies that I have seen say the mother should teach the children those things, but the mother does not know what to teach any more than I do. How can you teach a child, especially a girl, in regard to sex relationship, and what she is to guard against in her association with boys and men? Who knows how to approach that subject in the right way? I confess I do not. There are certain points I dare not touch upon and she is getting too old to go without instruction.

DR. HINCH.—I quite agree with Miss Palmer that the literature is faulty. There is so much literature that to me seems unhealthy. I still believe the biological basis is the true basis. I believe the biological form should be presented in some way, but it has not yet been worked out. It seems to me it is absolutely safe to tell children the truth.

MISS HUNTER ROSS.—I should like to refer to the report of Dr. Helen Putnam to the American Medical Association. It was the beginning of the Moral Prophylactic Society started by Dr. Morrow. It is the best report I ever saw. She takes up biology from the beginning. It is going to be worked out in our public schools in time.

MISS HICKORY.—The county association of nurses has taken up this subject in Seattle and has formed a federation with other county societies. They have asked the superintendent of schools and the school board for a male physician, have asked for a lecturer to speak to the senior class of the high school, and have asked for a lady physician to lecture to the girls on the sex question. We feel that a part of this question is going to be settled by having the mothers with us. We are going to teach the mothers as well as the children. In this connection I would like to say that I think the nurses of the United States should be the first instead of the last to go into the schools. We have been hanging on the outskirts long enough. It seems to me we should be the ones who should ask the superintendents of schools and school boards and college men all over the world to assist in this work. We have college men in Wash-

ington who are so interested in the work that they have made it a special course. I feel that before long Spokane will put nurses into her schools as well as in Seattle and Tacoma. It seems to me that is where the first move should be made; it should come from the nurses.

DR. HEDGER.—I am glad to have that report, but does not the woman from Washington think it is late to begin?

MISS MARY E. GLADWIN.—It is perfectly appalling to note the ignorance in regard to prophylaxis among nurses themselves. We need a post-graduate school. While our work is nearly all biological, I have had difficulty in introducing this teaching in my school and I find the great majority of nurses know little about it, and that little they know has been badly told.

MRS. HIGBEE.—I have the good fortune of being connected with a training school in Omaha, and it was my misfortune that I had no one to help me. Physicians will not teach that point to the nurses. I have not been fortunate enough to be in a training school where I could do that teaching myself, and as far as other nurses are concerned I don't believe they know anything about it. There are few women physicians and they are just like the men.

MISS PALMER.—I have had a different experience in regard to persuading physicians to give practical lectures concerning prophylaxis. One of the first things I did when I went to Washington was to induce the senior surgeon to give a course of lectures to nurses. He said, "I don't know how to talk about it to nurses." I said, "You must go to work and find out how to talk about it." It was done and it was presented in a most acceptable way. When I went to Rochester I interested a woman physician, Dr. Marian Craig Potter, who has written some papers in the JOURNAL on that subject. She had not given any special attention to that subject until I urged her to study it. She is now, I believe, one of the best authorities we have. I admit that some superintendents do not accomplish much with this subject, but the fault is in the way they go about it.

MISS FRANKLIN.—It was my business to go into the homes before the babies came and have oversight of them until the mothers could take care of themselves and take care of the babies. I followed those cases up until the baby was grown. Dr. Benson, of the sanitary department of New York, tells me they are not sending out leaflets in different languages, but they are sending them out in the English language. The mothers cannot read English and they must call the children to read them and in that way we are at the same time educating the children.

THE PRESIDENT.—It seems to me the most important subject we can present to the committee is this subject of moral prophylaxis to be introduced into our public schools in some way.

The committee was instructed to continue, with the subject of moral prophylaxis as its special work.

## ADDRESS OF THE PRESIDENT

By ANNIE DAMER, R.N.

I WAS requested by the Federation committee to make some suggestions with regard to reorganization and possible affiliation, and I thought it might be well briefly to make those suggestions here.

Our association is getting to be a very big child. We have fifteen thousand members, and we are constantly growing, and it seems that as a national body we should have a more clear and definite form of organization. Whether we can best do that by making some changes in our present organization, or whether we can carry out the work under the American Federation of Nurses is the question. Both have been suggested. I recommend that in order to secure an organization which shall stand as a great national body, a body with power and authority delegated to it by state societies, that shall stand for the things for which we as nurses desire to stand, for which we are working, which shall embody the ideals for which we are striving, that we should form in some way an association which shall include all our state societies or clubs, and take the name of "National Federation" or something that will imply to everybody that we are a national body.

You will find that the name of "Associated Alumnae" is not clear in the minds of the people and not clear to us, because we always speak of ourselves as a national body. The suggestion has been made that the Superintendents' Society affiliate with us and that we have one national society. It appears to me that that would not be possible, and I do not believe it would meet with the approval of the Superintendents' Society. Their membership is individual and their work through the secretary has to be carried on with individual women. Our organization is composed of clubs and associations and the secretary's work lies with associations. But we could reorganize so that instead of having three national associations we could have two national bodies. From the trend of the discussion at our Federation meeting it would seem there was growing up the idea that the Federation was a national body, with judicial powers and authority as a national organization, which it has not. The American Federation of Nurses was organized in order to affiliate with the International Society. That was the sole object. It holds these conferences in connection with the other two societies and forces these two societies to assume the expense

of the meeting, which does not seem exactly fair to the Superintendents' Society that they should have to share equally in carrying on the convention. As time goes on it may seem necessary to hold meetings of that general body, meetings which will continue over more than one day. Our Nurses' Associated Alumnae is growing in interest so that it would seem almost as though we would have to have meetings lasting a week if we are to have any papers presented at all. The committee work is most valuable, the interest shown all over the country is great, and the desire to do something is increasing continually, and it seems to me the most important thing we can do is to organize into a national body, and if there is a sentiment about keeping the name of "American Federation" as it is now, let us take some other name and let us affiliate with the other national association. If the Superintendents' Society does not want to come in, although it would seem much easier for one society to affiliate than for two hundred societies to withdraw from the Associated Alumnae and then apply for affiliation with the national association, it would seem best to keep up the organization of this society.

Then we might go further into details. Some very valuable suggestions have been made as to changes in the by-laws, which are necessary. In regard to permanent membership with this national body, that should be recognized on an entirely individual basis. That question can be taken up later for discussion. Whether the alumnae association remain as a basis of membership can also be determined. There is need and a demand for a national body which is to represent the nurses of the country, which is to give them judicial power and a definite standing before the public as to nursing ideals and work. We do need, either in printed form or some other form, a code of ethics. This is particularly necessary with regard to our relation to the medical profession. The relation in which we stand to them, the relation of our connection with medical work and hospital work, and the objects for which we stand in regard to teaching, the instruction of nurses, our ethical relation as one body to another, and our relation as nurses to one another, and it seems to me we should have a committee to discuss with the medical society committee from each state the establishment of some satisfactory basis of our relations to one another. All these questions come up and we have got to meet them. We are too large a body to go along as we have been going. We have been growing, and now we have reached a stage of growth where we are in a position and in need of formulating something more definite than we are now working under.

We want to take some definite step in regard to our national JOURNAL. At the last meeting your society agreed to offer to buy the shares of stock held by individuals and give notes. This suggestion was made on account of the stringent money market and on account of making pledges to the Hospital Economics course, and they did not think it would be advisable or desirable to ask for money to purchase JOURNAL stock. The suggestion was made to the owners that they sell their stock and take notes, and as you see we have secured only six shares. The directors would suggest that these notes be taken up during the year from the balance in our treasury. You should also decide whether you wish to raise the money in some form to purchase the remainder of the stock and therefore own the JOURNAL.

All through our meetings there has been an evidence of the feeling of unrest among women, and in some cases they have come out openly with a demand for the ballot, and in view of this situation I want to make a plea for the enfranchisement of one class of women, and that is the pupil nurses in our training schools. We are gradually taking the ground that it is woman's place to take part in the affairs of government and the making of laws. We see on many sides women and children being abused and overworked, but we must consider that there is one class of women for whom we can do something as a great body of professional women. We can help the women working in our schools to secure a better adjustment of the hours of labor in our schools. We had a beautiful illustration given us yesterday of the ideals along those lines which we hope to see realized throughout the country. Let us come to the help of those who are striving to make some changes in that respect.

We have had this discussion on the subject of moral prophylaxis, and it has been demonstrated that we, as nurses, know very little about it ourselves; how can we go to the legislature and ask for laws when we know nothing about the subject? We want it taught in our schools and we want to learn a great deal more about it than we do now. We want it felt in our training schools. I am giving my own opinion as a graduate nurse because my whole point of view has been from the position of the graduate nurse.

In going back to the beginning of our training schools I see women who have gone into these schools from their homes. They are not accepted until they are of age, but when they enter such schools they are established in a conventional life, with a strict adherence to military discipline, and when we come out and ask that women be given some share in the national government, let us ask that in our schools our women

who are of age may be permitted something along the line of self government, and teach them to govern themselves when they go out as women to take a position in the community. In seeking the ideals for the protection of womanhood we have got to be taught that we have to be self-governing ourselves. I do wish to appeal most earnestly in this matter, and I also wish to say that it is a question which must be taken up by our educational organizations. It is the graduate nurse that is making the laws for registration, which we have now in twenty-three states. I believe it is a question for the graduate nurses, for their national organization to discuss all these matters relating to the improvement of the nurse for her future life, if they have to accept her as one of their members likewise.

I feel very strongly, fellow members, on this subject. When you are asked to begin work for the enfranchisement of women, begin it right at home.

The president appointed the following committee on resolutions: Mrs. Lockwood, chairman, Granby, Connecticut; Miss Bennett, Spokane, Wash.; Miss Pierson, St. Louis.

**THE PRESIDENT.**—It is very gratifying to see so large a delegation from Missouri. Three years ago there were parts of the country that were not represented. Now we have delegates from Georgia, Nebraska, Missouri, as well as from Oregon and Southern California. I think they must be all here from the West and the poor old East has forgotten to come, or perhaps the "wise women" have all gone out of the East.

#### THURSDAY AFTERNOON SESSION

The afternoon session was called to order at 1.30 o'clock.

#### REPORT OF THE INTER-STATE SECRETARY

[The states that have not sent an "official" report have failed to comply with repeated requests through the *JOURNAL*, also personal letters asking that they be sent for the Minneapolis meeting. Also, all matters pertaining to boards of examiners is withheld on account of the topic being taken up separately at the conference.]

**THE CALIFORNIA STATE NURSES' ASSOCIATION** has a membership of 1053, and, with the exception of some changes, it is steadily increasing. The Board of Regents in June decided to undertake the registration of nurses, which obligation was placed upon them by the state legislature in 1905. *The Pacific Coast Journal*, published by the association, continues to be a strong link in advancing the best interests of the nursing profession among the nurses of the state and those of Oregon and Washington.

**THE COLORADO STATE TRAINED NURSES' ASSOCIATION** was organized in 1904. State registration was secured in 1905, and as reported last year the law was amended in 1907. No legislation has been necessary this year. A number of associations have affiliated with the state association, and it is hoped that in

the future more enthusiasm will be shown by the members, and a greater willingness to assist in any work for the uplifting of the profession.

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT has held quarterly meetings during the year, two of which have been largely on the discussion of the tuberculosis problem, and one with regard to central directories. The plan adopted at last year's annual meeting for boards of examiners and registration of nurses to co-operate with training-school superintendents to secure uniform entrance requirements and curriculum has not materialized. The state association again recommends such action.

THE GRADUATE NURSES' ASSOCIATION OF THE DISTRICT OF COLUMBIA has investigated the conditions of the single almshouse in the District and found everything very satisfactory. In order to interest the members in local matters relating to hygiene and the public health four lectures and addresses have been given by physicians and other members of the Association for the Prevention of Tuberculosis. A central registry for nurses has been in successful operation since December, 1906. Since January, 1909, none but *registered* nurses are admitted to its benefits, provided they are graduates. A certain number of non-graduates are admitted, as there is a demand for them, but of graduates all must be registered nurses. During the past winter the Columbian Women of the Women's Department, George Washington University, invited the Graduate Nurses' Association to co-operate with them in bringing together the thinking women of Washington. To this end tea was served in the parlors of the Women's Department every afternoon, and on Monday of each week the Graduate Nurses' Association took charge and was hostess. At the last three meetings of the association the matter of establishing a nurses' club has been under discussion. Recently \$25 was raised by contributions of members to help a deaconess who had fallen a victim to tuberculosis and was unable to pay her expenses while under treatment.

THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES reports a contribution of \$50 towards the Hospital Economics Fund at Teachers' College, also a contribution of the same amount towards establishing a district nurse in Augusta. The association is affiliated with the Associated Charities and the Tuberculosis and Visiting Nurses' Association of Atlanta, also the Associated Charities of Augusta. Delegates were sent to the State Federation of Women's Clubs and to the Tuberculosis Congress, the latter at the request of the governor. An effort is being made to raise money to assist in establishing a state tuberculosis sanitarium. Towards this end booklets are printed containing coupons which the members are selling for 25 cents each, the idea being that each member of the association raise \$5.

THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES reports a membership of nearly 700. The *Quarterly* is still edited and published by the association, and is not only greatly appreciated by the members but has proven a valuable agent in holding together the interest of the nurses of the state. The regular quarterly meetings have been held, three in Chicago, and a two-day meeting in Quincy in May. A special Tuberculosis Committee was appointed early last fall, and \$1200 has been raised with which to build a shack for the use of graduate nurses who have contracted tuberculosis. This shack is to be in connection with some already established sanitarium, thus lessening the expense of administration. A shack large enough to accommodate six patients.

equipped with bath, dressing room, etc., has been considered. The committee has in view endowment features dependent upon the amount of money given, which will assist in paying the board of nurses occupying the shack but who are unable to pay for themselves. The state board of examiners has been appointed by Governor Deneen and after organization registered 98 nurses at its last meeting. The legislative committee has been called upon to defend an amendment offered in both Houses to increase the membership of the board of examiners to seven members. No change in the law is desired at this time, as the association feels that the present board should be given an opportunity to show its ability to carry out the provisions of the law. The association continues its affiliation with the Illinois Federation of Women's Clubs.

THE INDIANA STATE NURSES' ASSOCIATION does not report great things actually accomplished during the year, but the work is going on and growing steadily. The membership has reached 218, and all affiliated societies in the state report increase in members and interest. Through the persistent efforts of the legislative committee a threatened attack on the board of examiners was averted.

THE IOWA STATE ASSOCIATION OF REGISTERED NURSES reports a membership of 321. At the last annual meeting 78 new members were admitted, but owing to the change in the constitution, necessitated by the registration law making registration obligatory to eligibility to state membership, a number of former members were found to be ineligible, owing to their not having registered. The name of the association has been changed to the Iowa State Association of *Registered* Nurses instead of graduate nurses. The state board of examiners holds two examinations yearly and has now registered 842 nurses. In order to obtain better educational standards, the association has been working for an inspector of training schools. The association contributed to the fund in connection with the National Tuberculosis Congress. Special work is being done in some of the large cities of the state to interest and instruct the general public as to the work and need for the visiting nurse.

THE KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES reports a far less strenuous year than the preceding, owing to the legislature not being in session, but work along various lines has been progressing slowly and steadily. At the last annual meeting ten cents per capita was voted toward the Travelling Library Fund of the State Federation of Woman's Clubs. Bookcases are carried over the mountains on mules from one town to another, distances not being measured by miles, but by so many hours and days. The association has contributed \$100 to the Hospital Economics Endowment Fund. A very cordial and harmonious spirit exists among the nurses of the state and each year the membership is increasing. The public is gradually being enlightened as to the need of state registration for nurses, and a revised bill will be presented at the next session of the legislature. The almshouse committee reports a favorable condition of the majority of the county houses visited. The inquiries followed the investigation of the Board of Children's Guardians, which did most commendable work in removing all children from the almshouses.

THE MASSACHUSETTS STATE NURSES' ASSOCIATION held a mid-winter meeting in Boston in January for the purpose of discussing the bill for state registration. It was learned that a bill demanding two years' training in a hospital involved a principle which Massachusetts has always refused to put

into law. Doctors, lawyers, and others who have asked for registration have not been able to secure the passage of a law demanding that applicants be graduates of any special school or that they take any special course, but that they pass the required examination. The association was advised to accept the best legislation obtainable at present, and trust to the future for higher standards. Miss S. F. Palmer was guest of honor at this meeting and her wise counsel was great encouragement. The bill was presented to the legislature and a hearing was given by the Committee on Public Health, but the members and their friends failed to convince them that the legislation asked for was needed and the bill was therefore withdrawn for the fourth time. The members are not wholly discouraged though the obstacles to overcome are great.

THE MARYLAND STATE ASSOCIATION has a membership of nearly 330, representing fourteen different schools of the state. A society composed of superintendents of training schools has been organized this year for the purpose of establishing a uniform curriculum for all the schools. Much enthusiasm has been shown by the members, and already a course of lectures has been made out, and it is hoped by autumn that a part of this new system at least will be ready to put into effect in the schools. The question of fitness for membership from an educational standpoint has settled itself by the society recognizing that the active members of the association must be registered nurses, and that special provision must be made for those nurses living in the state who cannot become registered nurses, under "associate membership," which simply gives them the privilege of attending meetings without taking any active part. Among a few of the successful and effective pieces of work done by the association has been the placing of a nurse for one year in the field for the care of tuberculosis patients. The association has been called upon to assist the State Lunacy Commission in its active campaign to get state care for the insane; and they have co-operated with all other associations in the state in the advancement of health problems. The last step formed is the establishment of a central directory, and it is hoped that it may be under the auspices of the state association.

THE MICHIGAN STATE NURSES' ASSOCIATION has turned its entire efforts this year toward legislative work in the interest of its bill, which was presented for the third time in the House in February. It passed the House in April by a vote of 69 to 7. On the last afternoon of the session of the Senate, May 19, Senator Barnaby of Grand Rapids called for the nurses' bill. It was read for the third time and passed at once by a unanimous vote. It was signed by the governor and has become a law. The year has been the most strenuous one of the organization in outlining the most effective plans of procedure and in carrying these plans to a successful issue. Miss Isabel McIsaac very kindly gave a week in lecturing to nurses in the principal cities of Michigan, and her efforts were greatly appreciated. Mrs. G. O. Switzer of Ludington took charge of the upper part of the state and Miss Lulu Durkee of Detroit talked to the nurses in Saginaw and Bay City, both accomplishing good results. The responsibility of the campaign has been borne by the Executive Board and the Legislative Committee, but the final victory was accomplished only through the faithful and persistent efforts of Representative Rice who *fathered* the bill, and Mr. C. F. Schneider and Mr. John Blodgett, both of Grand Rapids. Some compromises have been made, but the vital, essential features have been preserved.

THE MINNESOTA STATE NURSES' ASSOCIATION has held two meetings during the year. At the annual meeting the constitution and by-laws were revised, combining the office of secretary and treasurer; election to this office to be permanent. Assistant secretary and corresponding secretary to be elected annually. The contract with the Courant Publishing Company has been renewed, but instead of two entire issues of the magazine edited by the association, *three pages only* will appear in each issue. *The Courant* continues to be a monthly magazine and the official organ of the Federated Clubs of Minnesota, Wisconsin, and South Dakota. During the year ten shares of Courant stock were purchased.

THE MISSOURI STATE NURSES' ASSOCIATION has an increase in membership of 132 since the meeting in San Francisco. The important work of the year has been revising the bill for state registration and preparation for the legislative work which has been very successful. The bill became a law in April. Needless to say the nurses of the state are jubilant over their victory, and are justly proud of Miss Forrester and others, whose untiring efforts secured the passage of the law. Central directories have been established in both Kansas City and St. Louis.

THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES has had a busy year in drafting a bill for state registration, followed by strenuous legislative work which resulted in securing the passage of the bill on March 24, 1909. The administration of the law is in the hands of the state board of health which consists of the governor, attorney-general, state treasurer, and superintendent of public instruction. Three secretaries are to be appointed by the board of health from nurses engaged in active work who will act in the capacity of assistants, but according to the law the state association cannot control these appointments.

THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE reports that nearly 200 nurses have availed themselves of the privilege of state registration. At the annual meeting in 1908, committees were appointed for each county to learn something of existing conditions in the almshouses, following the plan outlined by Mrs. Crane. Reports were received from seven of the ten counties (one having no almshouse), and revealed good management and gratifying conditions throughout the state. Much interest has been manifested in the organization of county societies. Ten dollars was subscribed by individual members toward the expense of the tuberculosis exhibit in Washington.

THE NEW YORK STATE NURSES' ASSOCIATION held its annual meeting in Buffalo in October, 1908. The treasurer's report showed the association to be in good financial condition in spite of heavy expenses. During the year \$250 have been paid to the Associated Alumnae for stock in the AMERICAN JOURNAL OF NURSING; \$200 to the Hospital Economics Course for current expenses; and \$250 for the Endowment Fund. Two new associations have been admitted to membership, and several individual members. A state committee on Red Cross work has been appointed, also a new committee on "District Chairmen." This committee is to divide the state into districts, appointing a chairman for each, whose duty it will be to look after the interests of the nurses in her district, supplying information on nursing affairs, and endeavoring in every way to further the interests and raise the standards of the profession.

THE NORTH CAROLINA STATE NURSES' ASSOCIATION has a membership of 139. The annual meeting held in Durham in June, 1908, was very encouraging.

with an increased number of nurses in attendance. Thirty-five recent graduates in Durham, representing fifteen of the eighteen training schools of the state, passed the state board examination and were admitted to membership. The chief work of the association this year has been a renewed effort to secure the establishment of a preparatory course of lectures for nurses at the State Normal and Industrial College at Greensboro. As the co-operation of the superintendents of training schools was absolutely essential, communications were sent to the different schools. Sixteen of the eighteen training schools have now strongly endorsed the establishment of such a course and the communications are now before the trustees of the college awaiting their decision. Twenty-five dollars has been contributed toward the Endowment Fund and a sum contributed by individual members was donated toward defraying the expenses of the tuberculosis exhibit at Washington.

THE OHIO STATE ASSOCIATION OF GRADUATE NURSES has a membership of 370. An attempt has been made to secure state registration, but the bill has met with strong opposition from the medical profession. It was not thought best to present the bill again this year, but it is hoped that through the educational committee a better understanding of its provisions may be brought about.

THE OREGON STATE NURSES' ASSOCIATION reports a membership of 70. During the year a cottage for tubercular nurses was completed at the Portland Open-Air Sanitarium at a cost of \$1000. It is a model cottage well furnished to accommodate two patients. A member of the association has succeeded in having a trained nurse placed in charge of the Portland Baby Home, a charitable institution for the care of foundlings. The work of greatest interest this year is building up a central registry for nurses under the auspices of the state association.

THE GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA reports that the year 1908 was almost entirely devoted to work on the bill for state registration. In October, Ida F. Giles was appointed field secretary to tour the state, lecturing to nurses, doctors, and law-makers on state registration, with the result that the bill, as amended on third reading in the Senate, was signed by the governor in April. The bill, as passed, provides that the governor shall appoint a State Board of Examiners for Registration of Nurses, composed of five members; three of said members shall be physicians, two of whom shall be connected in an official capacity with public hospitals where nurses' training schools are maintained, and all of whom shall have practiced their profession in the state of Pennsylvania for at least five years immediately preceding the time of their appointment, and the remaining two members shall be nurses graduated from training schools connected with hospitals where practical and theoretical instruction is given in general, surgical, and medical nursing, and who shall have been engaged in nursing for at least five years since graduation. In October the first number of *The Quarterly* appeared. It is edited by the association for the purpose of instructing graduate nurses in the aims of the state association.

THE GRADUATE NURSES' ASSOCIATION OF TEXAS has succeeded in passing a bill which became a law on March 25, 1909. The bill provides for an examining board, composed of five nurses, appointed by the governor. The entire board is re-appointed every two years by the governor.

THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA has been trying to

strengthen the weak links in its membership list, and to this end the working members and executive board have organised in every city or town a committee of nurses, whose duty it is to interest the more recent graduates of the hospitals in the work of the association and their duty in sustaining it. An earnest effort is being made to form some concerted plan of action in the fight against tuberculosis and for almshouse nursing.

THE GRADUATE NURSES' ASSOCIATION OF WEST VIRGINIA was successful in defeating amendments to its law which several doctors introduced. The most important was to admit all graduate nurses to registration in West Virginia without examination until January, 1910, after that time to make registration obligatory. Other than the attempt at amendment, the law has not met with any opposition, and 242 nurses have been registered. The principal work of the association accomplished this year was the founding of a State Association of Training-school Superintendents. It is to be divided into sections and meet quarterly to discuss problems of mutual interest. Miss S. F. Palmer was guest of honor at the third annual meeting held in October and read an interesting and instructive paper on "The Educational Effect of Registration."

THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION became affiliated with the Associated Alumnae at the San Francisco convention. In May, 1908, the Legislative Committee made its first draft of a bill for state registration. At the annual meeting in June the bill was discussed, revised, ordered printed, and to be presented at the coming legislature. For the purpose of more effective work the state was divided into an eastern and western section, with councillors for each who were to meet every month. Mrs. R. E. Buchanan, a representative from Spokane, and Miss Laura MacMillan from Seattle were appointed and commenced their work in December. So effective was their work that the bill was passed and became a law on March 3, 1909.

**SUMMARY.**—The following states have associations, but not affiliated: Louisiana, South Carolina, Wyoming, Tennessee, and Idaho (last three organized within a year).

Kansas and Montana are preparing to organize, also Wisconsin. Of the 33 states organized, 28 are affiliated with the Associated Alumnae, 3 having been accepted this year, namely, Washington, New Jersey, and Oklahoma.

This has indeed been the banner year for the passage of bills which are as follows: Wyoming, Oklahoma, Washington, Nebraska, Texas, Missouri, Pennsylvania, and Michigan, making 24 states in all which have secured legal enactment.

The Registration Chart which was so carefully prepared in 1907-1908 by Miss M. L. Daniels of Salem, Mass., is still awaiting the action of the Executive Board to authorise its publication in the JOURNAL.

It is recommended that hereafter the reports from county and city associations be incorporated in the general report, as they are in reality the foundation now of the work of the states.

The courtesies extended by the officers of the affiliated associations and the AMERICAN JOURNAL OF NURSING have always been prompt and cordial, and grateful recognition is hereby made.

Respectfully submitted,

SARAH E. SLY, Inter-state Secretary.

Mrs. Robb's paper as chairman of the committee on Red Cross work was partly read at the Federation meeting and re-read at the Associated Alumnae. After the convention the paper was taken by Mrs. Robb for correction and has not been returned to the secretary, so it is impossible to publish it. Without the original paper the discussion would be unintelligible. Only the official action taken by the association, which followed the reading of the paper and the discussion, is here given. This is comprised in the following resolution which was presented by Miss Palmer, who said, in introducing it:

In order to open the discussion I have been asked to submit a resolution. First I want to say that although I am not an active nurse in service I am a member of the National Red Cross Society as an officer in our Rochester Branch. The work of our Red Cross, its motives, and objects are constantly brought before me in various ways simply through my official connection with the society. For that reason I think my feeling in this is perhaps a little different from that of some others, and it seems to me that in considering this whole subject of our Red Cross affiliation we should not lose sight of our relation to the Red Cross. It is not so much a matter of professional recognition as it is a question of patriotism and philanthropy. Now I want to read this resolution as a means of opening a discussion on this matter:

*"Resolved*, That the American Federation of Nurses affiliate in a body with the National Red Cross Society, and that nurses be nominated by this association to serve with the National Red Cross committee as outlined by the National War Relief Board."

With the exception of the substitution of the words "the Nurses' Associated Alumnae" in place of the "Federation of Nurses," the resolution was adopted as read (the recommendation of the War Relief Committee being that a national Red Cross committee on nursing should be composed of fifteen members, nine of them nurses).

*See HS 1-  
Report -  
1989 -  
pp 204-21*

## STATE SUPERVISION OF NURSING SCHOOLS IN NEW YORK

By ANNA L. ALLINE, R.N.  
Inspector of Nurse Training Schools.

THE training schools for nurses in the state of New York were, by the passing of the Nurse Practice Act, put on an educational basis by being placed under the authority of the state board which controls every educational institution of the state, whether it is a public school, college, or university, regardless of the course of study, whether it is kindergarten, mathematics, music, art, agriculture, medicine, or law.

The word education encompasses the whole system. This system is called the University of the State of New York, and is governed by a Board of Regents consisting of eleven men elected at a joint session of the Senate and Assembly, men who have been active educators, leaders in educational matters. The Regents appoint a commissioner who has charge of the department. The work is classed under three heads, as

higher education, secondary, and elementary, each having an assistant commissioner in charge of the details of the work. The nursing division is classed as higher education and is looked after by the first assistant. Though the Regents are "great men" they are resident citizens of the various sections of the state and on hospital boards. They are keenly alive to hospital and training-school interests. Let me assure you they know of the nursing department in no superficial or general way, but they know and discuss it in detail.

The interests of the schools are closely guarded, and the strength and power of this backing is telling more and more day by day, as school after school is made to feel that just and considerate measures are required which tend to improve the school, increase its benefits, and further the usefulness of the hospital.

A large part of the new correspondence comes to the desk of the first assistant commissioner; to this he gives his personal attention. He also sees trustees, doctors, superintendents, or nurses who come in the interest of schools or nursing. As he is called from time to time to other cities he has investigated conditions of schools that were lax about meeting requirements. In other words, as he has to pass judgment on nursing matters, he intends to understand them and nothing passes over his signature unless he thoroughly believes in its policy.

I have gone thus fully into the foregoing matter that you may understand that the Board of Regents is no mere figure-head. I urge you to have the assistance of the State Board of Education if you can possibly do so.

The examinations are handled in a special division of the department which has to do with that work alone. The Board of Examiners will report its work later, time need not be taken for it here.

The Statistics Division has been trying to get its information in such shape as to make a valuable report, but it has not come in in a satisfactory way as yet. The blank has been revised again and I believe this year a fuller report will be given. These blanks are now being sent out, two to each school, that the school may keep one blank for reference and return the other to the department. The superintendent usually fills in these papers, but they must be certified to by the president of the Board of Trustees. The points covered are the theoretical course, in a general way, the practical work somewhat in detail, numerous questions in regard to the faculty and pupils, and a few in regard to buildings and equipment.

The Inspection Division of the department is the division in closest touch with the schools. The method of conducting this part of the

work is the same as that followed for all other educational institutions. Personal inspection is made of all registered schools once a year and reports placed on file. For schools in general, above the minimum standard, while they are constantly changing and steadily improving, one visit a year is all that is necessary, though frequently a consultation is asked for and other visits are made; but the work with these schools is the smallest part of the inspection service, as there are many schools that of necessity require many visits, and not only the school but the hospital officers and committees have to be interviewed. Sometimes it seems best to meet them at the hospital, again it may be wisest to meet them at their homes. As the work is constructive, not destructive, the situation is studied from all standpoints, the defects pointed out, and remedies suggested. When reports of such visits are made to the Inspection Division letters are sent to the hospitals commending whatever is noted as improvements and stating the suggestions that have been made for further development. Thus with the members of the committee understanding the need and the letter formulating it in a way to be presented to the Board at the next meeting the chances are in favor of some definite action being taken.

Any school seeking registration is cared for in much the same way, excepting that it goes to the first assistant commissioner instead of the chief of the Inspection Division. If the school meets the requirement of the statute the report is sent to the Regents with recommendations for registration, and awaits their sanction. If in any way it does not meet the requirement of the statute or regulations of the department, suggestions are made, as previously mentioned, and correspondence or probably another visit may be necessary before it can be recommended for registration.

The points noted in inspection are in regard to the capacity of the hospital and daily average of patients, the departments of service provided and classes of patients served, the number of students enrolled, the number of graduate nurses employed, the number of nurses sent out for affiliation and the number received,—for how long a period and in what department,—amount of preliminary instruction during probation, general remarks on theoretical instruction in lectures and lessons, the hours on and off duty, day and night, length of vacation, the number of hours per week in class and lecture, and the amount of monthly allowance; the educational qualification, keeping records of all work of the students, reference library, and all matters pertaining to the home. These points are brought up one after another and noted for the regular report, but another purpose is accomplished which is fully

as valuable; it offers an opportunity to systematically cover all the essential matter relating to the course, and the students' records need to be consulted and application blanks examined. Attention is called to all particulars where there seems to be any deficiency and often they are remedied at once. It is good for superintendents to view the whole field at one sitting so to speak; they see its varied and numerous parts often, but seldom consider it as a whole. Then a trip is made through the institution and the home. This reveals much that cannot be told on paper, but really puts one in touch with the true inwardness of things which speak for themselves, as to whether a place is wholesome or not. It is plain to be seen whether the inmates are patients or cases, whether the nurses are students or machines, and whether the superintendent is in charge of the institution or the institution in charge of the superintendent.

With this constant and systematic visiting the schools are becoming known, the strong points and weak points are studied in themselves and compared with the standards. There is nothing gained by comparing one school with another, for the conditions are so unlike, but now that the standards have been fixed for certain essentials it is of great benefit to see where the course exceeds the requirements and what departments can be improved that the course may be rounded out in a practical and symmetrical way. That the nursing section might have all of the advantages afforded other bodies associated in the Education Department, Commissioner Draper was asked to appoint an Advisory Council. This favor he promptly granted, appointing four nurses well known as representing the best interests of the profession and familiar with the details of the various classes and kinds of schools. A medical man was appointed to represent the State Hospital for the Insane because of his intimate knowledge of their needs and great interest in their development. This Council meets from time to time on the call of the first assistant commissioner to discuss matters of importance in the interpretation of the law and adjusting the regulations to the best interests and needs of the school. As the members are located in various parts of the state it is a help to the inspector to consult them in local matters and to have more frequent interviews than would be possible by calling them all together as a committee.

The first aid demanded by the registered schools was a general outline of the course of study for their guidance. This was prepared by a special committee, printed, and distributed to all the schools. It did much in paving the way for a clear understanding of the law and application of better principles. The study and use of this syllabus

developed ideas of a more simple form of outline, and the bulletin was revised a few months ago. It presents an outline of a course, general in scope but conservative in its demands. It is closely followed in many schools and will be the basis of the courses worked out for the coming year in a large majority of the schools. Inspection revealed a great need of a simple form of records of students in their practical work and classes. In a number of schools there was no record at all and a change of superintendents meant more or less disastrous results for the nurses.

A special committee appointed from the State Nurses' Association made a most careful study of forms from the various schools and prepared a system of records simple but comprehensive, applicable to large or small schools. Models of the form prepared were printed and distributed by the department to all schools. It has been quite universally adopted. As before stated the Examining Board has full charge of the examinations, but that subject must be given due consideration in the supervision of the schools. Registration is voluntarily sought by the schools, but sometimes that seems to be the only wish of the officers and no further thought of maintaining the standards or keeping the regulations seems to them necessary, and their responsibility of sending nurses to the Regents' examination has never occurred to them. But not so with the Education Department. The following letter has been sent to schools which were not taking advantage of the examinations.

ALBANY, May 3, 1909.

**To SUPERINTENDENTS OF NURSE TRAINING SCHOOLS:**

Schools registered with the Regents of the University of the State of New York agree to comply with the regulations governing the education of nurses under the Nurse Practice Act. One of the regulations of the Education Department governing nurse training requires final examination and the granting of the right to use the words "registered nurse" to all candidates passing said examination. Schools that do not send their students up for the state examination are not meeting the requirements of the department nor are they carrying out the intent and purpose of the Nurse Practice Act. The value of registration of a school depends largely upon the proportion of students receiving the degree of "registered nurse." The improvement in those schools which have made the greatest progress is due directly to registration. Schools in other states feel the good of it and are making improvements to meet our requirements to give their nurses the benefit of the use of the R.N. degree in order that they may obtain positions in nursing in our hospitals and organizations. In many institutions nurses who have not the right to use the letters R.N. are debarred from positions. The R.N. title is also invaluable when seeking admission to city registries and to organizations such as the Red Cross.

The degree R.N. for the private nurse is the strongest means of protecting the profession and the public against the fraudulent nursing often done by pupils dismissed from schools and against those who failed to complete the

course. It is also the surest means of ending the career of those institutions which have short courses and are without any hospital connections whatever. It should be the pride of every school to have all of its graduates receive the R.N. degree.

All students admitted to registered schools should be made perfectly familiar with the Nurse Practice Act and what it stands for. They should be made to understand that they are expected to complete the full course which includes the state examination. It would be well if a statement in regard to this could be inserted in the contract which every nurse is required to sign when she is accepted as a member of the school.

It appears to me that the responsibility in this matter rests upon the superintendent of the training school, and I am sure that you as superintendent will do everything in your power to build up the work of professional nursing to the end that incompetent and untrained nurses shall soon be wholly unable to deceive the public.

May we ask for your hearty co-operation in this matter.

Yours respectfully,

AUGUSTUS J. DOWNING,  
First Assistant Comm. of Education.

The private duty nurses have been most reluctant to make the effort to register; their main argument has been that they could not see what good it would do them. Is it of no value to them to have their profession standardized and legalized? The opportunity is offered them to stand with those of high ideals and aid in progressive measures or, if they so choose, to class themselves with untrained and dismissed nurses.

The reports of the examination throw light on the character of instruction given. Taking the report of an entire class it can be clearly seen in what subjects their instruction was thorough or superficial, and as a rule the superintendent can tell when as a class her students have low marks in a subject whether it was the fault of the instructor, lack of time for study, or limited experience in the wards, and this gives her a forceful argument to use in correcting the defect.

This general view suggests at least three factors important in conducting the work. First, the law, plain, simple, and practical, calling for proper education of the nurse and protection for the public. Second, a system carefully worked out by people of brains and training and constantly strengthened by further study. Third, the binding together of these various schools throughout the state making one great co-operative body.

The third full canvass of the state is nearly completed. The progress on the whole is satisfactory and in many instances marvellous, the prospects are good.

The statute as passed in the beginning still stands and there is no

immediate prospect of a change. It was not as high a standard in some respects as some of our states have, but was high enough to make it necessary for many schools to put forth their best efforts to reach it. When the majority of schools can maintain the established standard it will be time to consider making it higher. The most reasonable step to take next is better protection of what we have. The lawyer in the department is putting considerable study on this to find some way of strengthening it.

There has been great improvement in the course of study, better application of theory to practical work, better methods of teaching are employed, instructors are selected for their ability to teach, and closer supervision of the practical work. Great improvements have been made in the homes; there are but very few bad homes.

We talk of large and small schools, but size denotes nothing of character. A school obtaining its experience in a hospital having a daily average of fifty patients may have more of the essential departments for a full course of training than a hospital having one hundred and fifty patients. We have, however, three classes of schools having very distinctive features, the general hospitals, the state hospitals for the insane, and the sanitariums.

A number of our state hospital schools have made marked improvements. The nurses receive training for a specified time in each of the many departments of the hospital, giving them quite a varied experience. The theoretical course is greatly improved as the interest of the instructors has been aroused. Graduate nurses instead of charge attendants have been placed in charge of wards where pupil nurses are in training. The nurses have a distinctive uniform and are grouped in a section of the home. The most promising feature of all was the creation of the position of superintendent of the training school. This will give women of ability and experience an opportunity to further the development of these schools much faster and more satisfactorily than heretofore. The state hospital schools are now offering post-graduate courses to general hospital nurses. This is an offer well worth considering, for the general hospital nurse is quite useless, if not actually harmful, in caring for mental cases.

The sanitariums have many features most commendable for excellent training purposes. With the affiliations they have with other hospitals their course is most satisfactory.

One school after another is reporting progress in obtaining a sufficient number of candidates able to meet the educational requirement. A number now are not troubled about the "equivalent," as their applicants

send in credentials for the one year high school course. The state hospitals have a surprisingly large number who fully meet the requirement.

The matter of limiting the course to a two-year period proved to be a mistake. Only one school cut way down to the two-year course, but has now added two months; two others that cut down to two years and two months have since added two and three months. Surely there is little to fear from further trouble of this kind, and in the course of time the schools which have been injured will be restored to a more acceptable position.

The truth must be brought to mind once more. It is the faithful nurse who has striven these many years to promote this great cause for God and humanity that deserves the credit for the standing of the profession to-day and its glorious past. To her we must look for still greater accomplishments in the future. As I go about the state and see the splendid work done by our true and loyal women, sacrificing all personal gain, daily giving their best to their chosen work, and see how much they have accomplished with often the dependence of the entire institutional force upon them, I do not, I cannot question the outcome of this great movement of state registration. Its value cannot be estimated.

Having gained so much, and still remaining steadfast, progress must be the watchword now more surely than ever before. Why trouble ourselves about the reward of recognition?—peace of mind in well doing is worth far more than demonstration or public acknowledgment.

Miss KANEY (District of Columbia).—The work of the Nurses' Examining Board in the District of Columbia is much less complex than the same work in any other state or territory, owing to the fact that the area of the District of Columbia is only seventy square miles, and that the number of nurses, registered and unregistered, graduate and non-graduate, does not (probably) exceed six hundred. Their standing, moral and professional, can thus be personally ascertained in the large majority of cases, and this simplifies matters to a great extent.

In the early days of registration a large percentage of those applying were entitled to register without examination, according to the law, and to those who could do so registration seemed to be desirable. But when it came to the class that were required to pass an examination, registration did not seem to be so ardently desired, at least not to the extent of forcing the average person to prepare for and undergo the ordeal of an examination. Consequently, nurses graduating from training schools in the District of Columbia since the passage of the law have not registered in great numbers, and do not seem to feel the title "registered nurse" to be of much importance.

The examinations consist of a written test on five subjects: (1) anatomy and physiology; (2) *materia medica* and *diabetics*; (3) *obstetrics* and *gynæcology*.

logical nursing; (4) medical nursing and emergencies; (5) surgery and contagious diseases; and an oral test on practical nursing. As it was impossible to obtain a suitable place and the material to conduct a practical demonstration of these subjects, this test is made by close questioning as to methods and means.

The examinations are conducted along civil service lines, the idea being that each question should have an equal value or importance and a marking of 10, so that the total for each paper and the oral test is 100, there being ten questions on each paper.

In making up the papers it seems difficult to make each question of equal importance, but in the main it can be done by combining two or even three less important ones under one head. An average of 70 per cent. in each subject is required for passing. If the candidate falls below 70 per cent., but not below 60 per cent. in two subjects, she can take those two subjects over immediately. If she falls below 70 per cent. in two subjects and below 60 per cent. in either or both she must wait until the next examination and take it entire. If she falls below 70 per cent. in one subject, but not below 50 per cent. she can take that subject again immediately.

Each examiner has a written subject, makes up the ten questions on her subject, and submits them to a meeting of the whole board for criticism or approval. At examination time each candidate is given a number, and the list of names is sealed in an envelope, so that in looking over the papers the examiner knows only the number.

The candidates are given a printed sheet of simple rules, adapted from the civil service rules, which were found necessary after the first examination of even so small a number as fourteen, such as, "Do not ask any one for information," "Do not talk to any one, etc., etc." The candidates are instructed to bring pen, ink, pencil, eraser, and scratch paper. The board furnishes only the examination paper, which is ruled fool's-cap with an inch margin on the left, which the rules instruct the candidates to leave free for the markings.

Each paper is first marked in blue pencil by the board member to whom that subject belongs, and marked a second time in red pencil by another member of the board, the average of these two markings is taken and set down in ink as the final average for that paper.

The total percentage of all subjects is taken, both written and oral, the oral test, like the written ones counting 100 per cent., and this sum divided by six gives the percentage obtained by the candidate. If the papers show a deficiency in good English expression or spelling  $1\frac{1}{2}$  per cent. is deducted from the sum total.

The District of Columbia law provides for the registration of training schools as a preliminary to the registration of individuals. The board recommends a course including instruction, practical and theoretical, in all the branches included in the board examination, and if a training school is unable to furnish instruction in any of these branches it is refused registration until it can furnish by affiliation the instruction lacking. In several instances schools have been able to accomplish this to the benefit of their pupils in training and of nursing educational standards.

In regard to the training schools in the District of Columbia, as more candidates are examined from those schools than from any others, the board considered that if they promise to furnish the required instruction, and their

pupils are able to pass the board examinations, the result speaks for itself. If a candidate from any school fails it behoves the school to try to discover whether the fault is in the individual or in the school itself, and remedy the defect if such exist. In every examination the lowest averages have usually been obtained in *materia medica* and *distretics*.

Up to the present time it has been required of training schools that their pupils have a grammar school education only, owing to the difficulty or impossibility of obtaining many pupils of a higher education. It is hoped in time to make the standard a high school education or its equivalent, but that is impossible at present.

**THE PRESIDENT.**—We will now call for very short reports from the different state boards of examiners as to details of their work; something that will be helpful to other state boards.

**Mrs. Lockwood.**—I am a member of the Connecticut state board, but our report is not here. I would like to ask on behalf of Connecticut what proportion of the number of graduates of schools comes up before the State Board of Registration for Examination.

**West Virginia.**—As we as a board have only been in existence eighteen months we have not much experience to go upon, having had only one examination. I would say our greatest problem is to regulate and control small hospitals which have training schools and send their nurses out to do private nursing after from two to six months' residence, using the nurses as a money-making scheme for keeping the hospital afloat.

**Miss Cummins (Indiana).**—We accomplished all we could under the law, and the state board requested us to say there were some things very much lacking and they thought perhaps superintendents might in some way influence the nurses to come in and take examinations. For some reason the graduates are not coming forward for examination, but there is a small number, we are glad to say. We have two examinations, spring and fall, and we have over eight hundred nurses registered in the state.

**Miss Henderson (Illinois).**—Illinois has little to report. Although our law has been in effect two years, it is only a short time since the governor appointed the board. We have been rather encouraged by the co-operation of the superintendents, and I think the board had reason to be encouraged with the eagerness with which the nurses were ready to oppose the first amendment before the board, before a single nurse had been registered by our state. This amendment, as our inter-state secretary has given it, was for the purpose of increasing the membership of the board. The activity committee is composed of superintendents of training schools, of some of the larger training schools and one or two of the smaller ones. We hope to get a great deal of help, and we need it in a great state like Illinois. We have only 253 nurses registered and we are still registering. We feel that the greater part of our work is still before us.

**Miss Fletcher (New Hampshire).**—Our state society is comparatively young, only two years old, but nurses have taken kindly to the registration laws. We have nearly two hundred members registered in the association, and our work has been directed toward forming local societies.

**Miss Mary L. Wyche (North Carolina).**—North Carolina has had state registration of nurses since 1903. We hold our sixth annual examination after

this month. The first time we had only six to take the examination, and last year we had thirty-three or thirty-five. The examining board is composed of five members, three nurses and two doctors, and a quorum is two nurses and one doctor. We meet once a year and have a session of three days with written examinations; no practical examination at all. I think we would be benefited if we did have a practical examination, but we would have to make some changes before we could have it. We feel greatly the need of a broader preparation of our pupils before they enter the hospital. We have a good bill. It was amended in 1907, giving us better requirements, better than we could live up to. We could not supply our hospitals with pupils under its requirements, so we have to be very liberal. We are feeling the need of school perfection and a uniform curriculum. All the smaller hospitals have been begging to adopt it, but we have not been able to get our superintendents together to settle upon the question. I think if we superintendents of training schools would meet together we could formulate something that would be more satisfactory.

MISS EDITH P. ROMMEL (Minnesota).—Minnesota is still registering nurses under the waiver, so we have no regular examination. Our nurses' bill does not go into effect until 1910. This last year we had many more applications than we had before we got our bill. They are beginning to see the importance of it and are registering under the waiver. We have examined nurses in practical work and registered them. The nurses that have come in as a rule have done very well in practical work. There have been 171 nurses registered and there are quite a large number of applications in now.

At this point Miss Genevieve Cooke, first vice-president, assumed the chair.

MISS ANNIE DAMER (New York).—Miss Alline's paper has covered the method of registration and informs you of the board which conducts the examination. The board of examiners is nominated by the state association and appointed by the Regents of the University. They work under the department of education which is part of the university as now controlled. The department conducts the examinations, takes charge of all the applications sent by those who desire to take the examination. All the arrangements are made by the department for conducting the examinations which are held twice a year in four different cities of the state, New York, Albany, Syracuse, and Buffalo. The board meets twice a year to plan examinations and to assign examiners. Two are assigned to New York and one or two to other places. The majority of candidates come from New York City because we have so many schools there. With the increase in the number of applications the board has found it necessary to hold preliminary practical examinations in some of the larger schools in order to have any time given to practical work, which we deem so very important. The written examinations are held at the same time with those of the medical students. The examiners do not attend these examinations. Some one is assigned from the examining officials from the Albany department to conduct the written examinations. The afternoons are taken up with work in the hospitals of the city, two afternoons of the week. Candidates write in the morning and a certain number, as many as the hospital can handle, are sent to the hospital for practical examination in the afternoon. Each writes four mornings and takes practical examination one afternoon. In New York City there were 150 who took the last examination in practical work. The number is increasing. In January, 1908, there were only six who took the examination.

and in June there were sixty-four. They have been increasing until in June, 1908, 260 took the examination in the state, and in February, 1909, there were 237 who took the examination. Of those who took the examination in June 233 passed and 27 failed, and in February 205 passed and 32 failed. The number passing is increasing. The subjects that the Virginia examiner found candidates stumbled over have been the same subjects in New York state. Diet-cooking and nursing of children were the difficult subjects, and I think in the last examination in diet and cooking 80 per cent. failed. Over six thousand have registered in the state already.

I have outlined the method of examination and I will now tell you how the examination papers are disposed of. The papers are all sent to Albany and there assigned for correction. The examination papers are numbered. After marking they are sent back to Albany and also a report to the secretary of the examining board. When they are compiled there is generally a meeting of the board and we are informed of the full number that have passed. The candidates are notified later. The applications are all sent out from the department of education and signed by the different members of the board and then returned to the department from which they were sent out. It is the only way we can handle the great number in New York state. It has increased the work of the department of education to a wonderful extent.

The president, Miss Damer, then resumed the chair.

**THE PRESIDENT.**—Is there any question to be asked of any member of the board, or any suggestion? Something that may be helpful to carry out the work of the examiners and some of the problems that come up in their states.

**Miss EDITH P. ROMMEL.**—I would like to ask if there has been any provision made for nurses not being residents of the state. What has been done for nurses who are not doing work in your own state? We are getting applications from all over asking us to register nurses and we have no provision in our state for doing so. We have been at a loss to know what to do in such cases.

**Miss HENDERSON.**—We have had the same difficulty in Illinois. We consulted the attorney-general who read the law to us. The law says that non-resident nurses cannot register in Illinois unless registered under our registry laws. They might register in their own state; they could always do that. I think we all realize that there are weak points in our laws which we should work to remedy. I think each law should be read by our attorney-general to know where we are.

**THE PRESIDENT.**—New York state has no reciprocity clause. It has a clause that none but resident nurses can take the examination. The nurse must be a resident of the state in order to register.

**Miss HENDERSON.**—Are there any states where non-resident nurses are registered?

**Mrs. E. BALDWIN LOCKWOOD (Connecticut).**—To outsiders that come in it is of no value to them except as an honorary degree. A Connecticut degree does not amount to anything for her if she is in New York or any other state, but many of our nurses wanted a Connecticut "R.N.," so it has been granted under those conditions that it is not lawful under other state laws.

**THE PRESIDENT.**—Of what value is it to a nurse in another state?

**Mrs. LOCKWOOD.**—Only to show that she is worthy of registration in Connecticut if she is in a state that has no registration law.

MISS COOKE.—There are nurses in California who are registered in Maryland and it is not necessary they should go to Maryland to obtain that registration. I know an instance of Illinois nurses residing in California who feel badly because they cannot be registered in their own state. Maryland nurses do not have to go to Maryland to obtain registration to receive their "R.N." in Maryland.

MISS THOMPSON.—I had my "R.N." registered in New York state while working in California.

Mrs. FREYTAG (Missouri).—Missouri has just passed a law which provides for registration of nurses from other states who shall present to the board of examiners a certified copy of the certificate of registration from any other state which the board shall deem equivalent to those of the state of Missouri.

MISS AHRENS.—I would like to ask some one from Maryland to explain the kind of registration, whether they are registered from any state.

MISS M. E. LENT.—We only register our own nurses. We have two examinations, one in June and another in October. Up to 1905 there were but five candidates and many registered as old nurses before our examinations began. Our nurses were allowed to register before examinations were held.

MISS AHRENS.—I do not feel that my question has been answered. I appreciate the fact that nurses were registered without examination, but were they registered where they were residing in different parts of the country for a short time?

MISS LENT.—Yes.

MISS ELDERICK.—May I ask the delegate from Washington state whether, where a nurse has a temporary residence, perhaps some years outside of the state, and her legal residence is in the state of Illinois, she can register at present?

Mrs. HICKEY.—In think in almost every state six months' residence in the state affords her a legal residence in that state, but if you are in a state two or three years and your home is in another state it is not considered as your legal residence. When we were preparing our law to go to the legislature we found every state had that regulation unless the parties were students. I am speaking of students in this connection. According to our law which was passed and went into effect in February only those nurses who were then residents could pass without examination. Now all nurses will be required to take the examination.

THE PRESIDENT.—The legal residence of an unmarried woman is wherever she likes to claim it. It makes it very possible for those who are living in other states, if the law permits, to claim a legal residence and be registered. In New York we have registered missionary nurses from Africa and we have sometimes registered women temporarily out of the state. We have to make sure that the legal residence they claim is their legal residence, that they have lived in New York state or were born there. That, of course, is under the waiver. Those training came up for examination immediately after graduating. They do not receive their state certificate until they have received their school diploma.

FRIDAY MORNING SESSION

**SOME ASPECTS OF THE TUBERCULOSIS PROBLEM \***

By ELSIE M. COURRIER,  
Oakland, California.

"PROBABLY most of us here to-day have had tuberculosis and recovered from it." When Sir Clifford Allbut made this remark to a British audience ten years ago, it caused a distinct shock. To-day it is a statement whose general application we accept with the composure born of the somewhat long-standing knowledge of the fact, but to be singled out individually and told in the voice of conviction, founded on the invaluable, if grawsome, pathological evidence of the autopsy room that the chances are very fair that you to-day are harboring in your lungs little imprisoned colonies of the enemy, seasoned veterans who sleep with one eye open, and who, if injected into the long-suffering guinea-pig, will kill him at the rate of 70 per cent.—this even we might find a disconcerting, if not a surprising, statement.

Every one is some time or other a little tuberculous, declare the German experts. Appalling at first, but as a matter of fact immensely encouraging. According to recognized authorities, we have the consoling discovery that not more than one individual in seven of fair average health exposed to a definite infection succumbs.

According to post-mortem findings one person out of every seven dying from other causes has a walled off tubercular cavity of which he was probably never conscious, and those dying from tuberculosis have been found to have thrown off from five to fifteen previous milder infections. I quote thus fully from Dr. Woods Hutchinson in order to show what a very personal problem this may be to us and that we are not in a position to absolutely plead "not guilty."

When, about thirty years ago, the world began to awaken from its stupor of centuries and to realize that this one great disease, alone, was killing one-seventh of all people born under civilization, no wonder we were appalled at the outlook. We were sadly familiar with death by that process known as going into a decline, a favorite method of re-

---

\* Some phrases and ideas have been quoted from articles by Dr. Woods Hutchinson, because of the weight of his words and opinion, because they will bear repeating, and because some one has said that next to the originator of a good sentence is the quoter.

moving the heroine in the romantic novel. What could be done in such a case but bow in submission to the inscrutable ways of Providence? It seems incredible now, but such was the light in which smallpox was regarded by the physicians of the mediæval schools, but this resigned knowledge of the inevitable was quite different from reading in cold hard figures and unescapable percentages just how many of the race were killed by it. Departments of health were just fairly started on an accurate system of statistics. So much for good bookkeeping. One-seventh of all the deaths literally came to be a war-cry.

Eliminating, for the moment, the burden of saving, as best we may, from one-half to one-third of those in whom the disease has the upper hand, it places before us the far more cheerful task of building and increasing this natural resistance until not merely 70 per cent. of all who are attacked will throw it off, but perhaps 90 per cent. This brings us to the keynote of the problem. We must plan to stop consumption by preventing the consumptive. And the important and valuable features of this campaign are the nature of the methods employed. The impetus was given, and through the efforts of patient scientific research, and spurred on by the threatening cold black-and-white columns of statistics, we have reached at last a definite grasp on the problem and our present attitude to fight it out on lines of prevention, if it takes all summer.

First comes our natural and powerful ally, immunity, the resistance of the human body, technically that outpost of our antituberculosis army, the white blood-cell. If there are billions of them, there are billions of us, and as Dr. Hutchinson quaintly remarks, "These cells of ours are no Sunday-school class. They are old and tough and cunning,—war veterans, whose daily business for some thousands of years has been the eating and digesting of the microbe."

Next, common-sense backed by science presented us with three glittering weapons—sunshine, food, fresh air. There was a new word of power—the open-air treatment. Eighty to 90 per cent. of incipient cases were curable, but cure was a poor weapon compared with prevention. Then came the cheering discovery that after all cure was prevention. The enemies of the disease were our best friends. Sunlight killed the germs as certainly as it gave new life to the patient. Science demonstrated that while the dust taken from the walls and floors of tenements, theatres, churches, and street cars was found to be alive with tubercular germs, on the contrary the walls and floors of tents and cottages where consumptives were being sheltered were almost entirely free from these germs, and right here I wish to remind you that there

is scarcely a single case on record of the transmission of tuberculosis to a physician, nurse, or attendant in a properly equipped institution for its cure. This is a significant fact, which we may well note when we recall the dearth of enthusiasm among the members of our profession for this most deserving class of cases. From science, also, came the comforting discovery that though these germs were horribly omnipresent, and apparently infecting both the heavens and the earth, they had neither wings nor legs, and were subject to the law of gravity. Take care of the sputum, and keep down the dust. House reform! House reform!

The future battle-ground against tuberculosis is in the home, the efforts largely upon the protection of the children. Death lurks on the dirty floor of the dark, damp tenement where elders spit and children crawl, or in the sacred precincts of the equally dark and unventilated parlor. "The most striking feature about tuberculosis," says Flick, "is that it depends entirely on the house. If we had no houses, we would have no tuberculosis."

This brings us to the educational problem. Humanity must be taught the gospel of fresh air and sunlight. If the whole civilized community could take a moderate form of the open-air treatment, its health and efficiency would be so vastly improved, and so much expenditure on relief funds might be saved, that it would be well worth all it cost if tuberculosis had never been heard of. The whole world must be enlisted. Educational propaganda in the form of the warning and the object lesson are of a very certain value. Consider just one stirring if much abused phrase, "The great white plague of the North." Who can estimate how great a factor this one brilliant epithet was in fixing the public mind on consumption as a definite problem?

Education must reach those who will be taught; compulsory legislation those who through ignorance will not. Already, efforts in this direction bear fruit, although in instances we see results that are pathetic or absurd. Many are the trials of the district nurse in her struggles against blind ignorance or perversity. I cannot forbear quoting an article from the *Educational Review* which came to my notice, although it is somewhat of a digression, entitled "Why Education is a Failure." It reads: "The *Educational Review* has received a composition written by a fourteen year old American boy in a Springfield, Mass., school after visiting the recent tubercular exhibit in New York. It tells its own story. 'Tuberculosis was started in 1884 by Dr. Trudeau who had it in the Adirondacks. Although consumption is not inherited, and does not belong to this climate, it is getting very popular.'

It is often cured. For instance, a young boy was operated on for appendicitis, but when opened, his appendix were found to be full of tubercle. He was quickly sewed up, and his father bought him a sweater, an out-of-door outfit, and now he is doing well. In Colorado, where people have consumption, they had to take their furniture out and build a tent, and live in it out of doors. In one of the pictures of Colorado, it shows where a man sat twelve hours with his hands folded. The people of Colorado was very healthy, but Colorado is a very consumptive state; also, Massachusetts. Twelve good breaths a day will cure consumption. Consumption is a germ disease, and three quarters of all consumptives are cured. I saw the germ. It is a big white ball with blue spots on it."

This is hardly a fair illustration of the inefficiency of education, but there is a serious side to the difficulties of this movement, well known to its workers. What is to reach the army of ignorant, vicious, depraved, and often non-English-speaking people, whom poverty, over-crowding, and our pernicious system of foreign immigration have placed among us? Can they be taught a sufficient knowledge of the subject to be anything but an ever-present menace in our midst? Assuredly, there must be laws to step in where other measures fail. The beginning of these laws we see. The results of reform are manifest, and as Osler puts it, "We run barely half the risk of dying of tuberculosis than our parents did, and one-fourth of that of our grandparents."

But the question arises, how many generations will it take at the present rate to reduce the risk entirely? Civilization is curing its own ills, but by such slow degrees that, as Dr. Young of Arizona writes, "Nations may rise and fall; armies may come and go, but for generations to come, the international army engaged in its struggle against tuberculosis will have innumerable battles to fight."

Let us remember that tuberculosis is a very ancient enemy to mankind. In the fifth century B.C., Hypocrates announced that phthisis taken early can be cured. Aristotle, a century later, notes that the Greeks believed it to be contagious. Had they coupled this belief with 20th century reform, this day and generation would not be engaged in its present struggle. In the first century B.C., Celsus recommends change of climate, especially life at sea! Did we not suppose the change of climate idea originated with this generation? France in the early days, by proper isolation of cases, well nigh rid herself of tuberculosis, but, reposing in a state of over-confidence, she began to be remiss in caring for her tubercular, and to-day is as sorely desolated as the rest of the world.

Some thousand years since the Greeks taught that tuberculosis was contagious, we have an annual death-rate from it of 150,000 in our modern and enlightened United States alone. "Tuberculosis causes a monetary loss of \$1,000,000,000 a year to the United States," says Dr. Langley Porter of San Francisco; "if the people of the States would stop to consider that one individual who was infected was the means of spreading the disease to, on an average, ten other persons, they would rise up and demand a revolution in legislative laws that would force people to take ordinary precautions for the isolation and prevention of the disease."

The medical profession knows how to cure and how to prevent tuberculosis, but the question of the total eradication of the disease lies in the hands of statesmen. There may be no valid reason for the panic-stricken dread of the intelligent and cleanly consumptive or the tendency to make him an outcast, but the ignorant and apathetic victim of this disease, careless and filthy in his habits, while an object demanding our sincere pity becomes also one of dread and menace, against whom the cry of unclean may well be raised in view of the survival of the fittest. No wonder the eminent James Whittaker, after a series of warning illustrations, said in his lectures, "Gentlemen, I implore you, damn the sputum." By all means, damn the sputum, but to do so effectively is a greater task than to dam the Mississippi, or for that matter, all the great rivers of all the world. It is easy to tell the ignorant consumptive what he should do, but it would require the services of a guardian angel apiece to follow him about and see that he does it. Those who will not take proper precautions, either through ignorance, perversity, or their own weakness and wretchedness, and the apathy of approaching the solution, should be removed by rigid process of law to proper and comfortable surroundings where their habits may be supervised, *for spit they will*. This would not only be kindness to the consumptive, himself, but to his family and the community. No undue and misdirected mercy is shown the smallpox patient, or the hapless leper; why then this sentiment regarding the isolation of the dangerous and probably hopeless victim of an infectious malady, which claims approximately a million lives a year?

Says Dr. Woods Hutchinson in a recent article: "As a council of perfection, the ideal procedure would be to promptly remove each consumptive, as soon as discovered, from his house and place him in a public sanitarium provided by the state, for the sake of removing him from the conditions which cause the disease, of placing him under conditions more hopeful, and for prevention of further infection. The

only valid objections to such a plan are those of expense, but when we have become properly aroused, and awake to the huge and almost incredible burden which this disease with its 160,000 deaths a year is now imposing on the United States, then our community will ultimately assume this expense, but so long as our motto remains, 'Millions for cure, but nothing for prevention,' we will dodge this issue." Should expense be a consideration in view of the facts and figures which we cannot dodge? Says the great master, Pasteur: "It is in the power of mankind to make all infectious disease disappear from the world." Think of the glamor of this possibility. Millions of lives sacrificed and yet this disease can be made to disappear from the world. And then the shame of it is that we have to consider the expense, with millions sacrificed annually to our present political system of what we have come to call "graft," and solutions of this expense problem on all sides, if we but have the power to make them.

In several parts of the United States they are now beginning to establish colonies for poor people suffering from tuberculosis. The co-operative colony and farm system may be a practical solution of expense. It is no altruistic dream to suggest that the Federal Government might clear itself, or perhaps even derive revenue to further the work, from a well-established system of compulsory colonization, farming and state sanitaria, whereby the very ill were cared for, poor convalescents partly worked their way, and the rich paid, for by the rule of isolation the rich would be compelled to patronize the state sanitaria, always bearing in mind that there would be proper segregation of cases. The efficiency of the one mill tax has already been demonstrated, a special tuberculosis tax might be entirely justifiable. When equal suffrage becomes general, the country is full of millionaires and bachelors, for instance, just tempting Providence as legitimate victims of such a tax.

Unfortunately, preventive protection is largely summed up in a few Don'ts, and after that, you take your chance of one in four to one in seven, according to various authorities. Take twelve good breaths a day, as the school boy says, and trust Providence, or immunity, according to your point of view. All about you, this omnipresent disease, with very few restrictions placed by authorities.

I have been beating retreats from brooms and clouds of dust rising from antique carpets since I entered the hotel where I temporarily reside and I have no assurance that the previous occupant of my room was not tubercular and that those same clouds of dust are not alive with designing microbes—and as a proof of the probability of this will state

that one of the highest tuberculosis death-rates is to be found among the hotel chambermaids of our large cities.

And yet this disease is banishable from the earth if the people so will. Just some millions of dollars to be repaid four fold to the state when its eradication will have stopped the present drain caused by the loss of one-seventh of the ablest members of society and the expense its presence now imposes. In other words, just some paltry millions, or billions, for isolation.

I know much of this sounds visionary, idealistic, and may be, in instances, hard on the individual, but every eventually successful project was once an ideal; and to be directly harsh is often to be indirectly kind. "Sentiments which to most of us seem fundamental and innate are only matters of habit. Studying various peoples and ages we find that ideas on most social subjects are entirely movable. Marriage, eugenics, economics, civics, education, hygiene, and medicine are all branches of sociology and must join hands,"<sup>1</sup> and to become powers it would seem must become not only social but legislative issues.

It is sure to come some day, but are we to work under disadvantages for another generation, or are we going to—may I say?—get busy, and try to obtain a wise, just process of law? We have been saying for so long that this is a free country that I think that remark belongs on the "bromide" list, but under this present free and glorious system, if I had time, I could quote statistics that would make us think that we were on at least four straight roads to rack and ruin, and I think you will all agree, after some of the discussions of these meetings, that we do need some governmental housekeeping.

Now, in conclusion, I have three deductions to present to you in the form of questions for discussion: first, are we working on just the right track, considering that forty years after the discovery of the tuberculosis bacillus, and the hopeful predictions made at that time that another generation would see the stamping out of the disease—we are, to quote Dr. Warfield of St. Louis, "still agitating, we might say, just in the middle of the agitation, to organize and fight tuberculosis;" second, are not insufficient funds and neglect of the rule of isolation the chief handicaps? third, is it not of foremost importance that a strenuous effort be made to educate the people that rigid laws to control the spread of tuberculosis are for their own good, if not always their own convenience, to spur them on to pass those laws, and ought it not to be the duty of every enlightened individual to work toward the end

---

<sup>1</sup> Quoted from *McClure's* for June.

whereby, instead of having to depend on the voluntary subscriptions of a few, that the governing forces of our states will have been induced to pass laws for the protection of the people against this disease, appropriation of state moneys and, if necessary, compelling each individual to pay his small share in the general expense? If not, why not?

**ELLEN N. LAMOTTE, R.N. (Baltimore).**—In discussing Miss Courier's able paper on "Some Aspects of the Tuberculosis Problem" our attention centres on two statements—education for those who will learn and compulsory segregation for those who will not.

At the point where education fails to protect the community, stronger measures must be put in force. Just at present the guileless public is in possession of a mighty idea—an obsession—to the effect that "the careful consumptive is not a menace." This sentiment is repeated far and wide, the length and breadth of the land—wherever the tuberculosis campaign has been carried, this war-cry has gone with it. At the Tuberculosis Congress in Washington last fall the whole building was filled with riotous signs to this effect, on every wall, in every corridor, on banners and posters, tuberculosis societies here, antituberculosis societies there, all alike shouting it out, "The Careful Consumptive is not a Menace." Small wonder then that the guileless public has come to believe that a system that proclaims that the careful consumptive is not a menace, is at the same time producing consumptives of the most scrupulously careful sort. In our opinion this effect was pernicious to a degree. The initiated understood, but the public did not. The public saw, what?—an immense array of associations and institutions all proclaiming the same fact; and was thus duped by a false sense of security, both as to the amount of work being done, and the quality of the results obtained. It created a false impression and we who know the truth should speak it.

If "education" produced careful consumptives it would be well, but while the consumptive is allowed at large in the community, subject to no restrictions of any kind, education is barren of results. The only place where a consumptive can be *adequately careful*—and I take it we want adequate, not partial or relative carefulness—is in a hospital for the segregation of advanced cases. There and there only is he not a menace.

For nearly six years the Visiting Nurse Association of Baltimore has been doing tuberculosis work, during which time we have cared for almost four thousand consumptives. Of the 1160 patients that came under the personal observation of the writer, classification has been made according to the amount of care that they were able to exercise in order to safeguard their families and the community. Here is the showing, as reported to the Tuberculosis Congress last year: Adequately careful, 9; fairly careful, 143; careless, 719; grossly careless, 299; total, 1160. Months of patient teaching had been spent on these patients, by the doctors, other nurses than the writer, charity agents, and so forth. The failure was not due to lack of teaching. It lay with the class of people to be taught, who, by reason of poverty, ignorance, and environment, had been crushed into a position in which they could not apply this teaching to their daily lives.

But carelessness of the rights of others is not confined entirely to people

of this class. I have no figures to prove this contention, but we are all familiar with educated and intelligent people,—people who should know better,—who have tuberculosis, yet who are no whit more careful or considerate of the health of the community than the dwellers in the poorest homes.

In many states there are laws requiring that all cases of tuberculosis be reported to the Board of Health. The law should further provide that all consumptives, rich or poor, regardless of class distinction, should be under supervision in their own homes. The paramount consideration should be the health of the community. At the point at which a patient is so careless as to endanger the other members of his household, or other people, the state should interfere. This carelessness may either be due to helplessness or selfishness, but in any case it should not be tolerated. A tuberculous patient should only be allowed at large in the community when he can prove to a trained and impartial inspector that he is not a menace to it.

THE PRESIDENT.—I might say in reply to Miss Courier's question as to whether we were on the right track after working forty years, the prediction was made at that time that the disease would be stamped out. As part of the public community interested in the health of the public, are we as nurses satisfied that we are working along the right line? Is there nothing more that we could do?

MISS SYMONS.—About two miles out of the city the state has bought a farm and they are now building a tuberculosis sanitarium. It is said to be the best sanitarium in Ohio. They have their own lighting and heating power, and now they have finished the hospital proper and are building homes for the attendants and nurses, and it is to be a regular open-air sanitarium for tuberculosis cases.

MISS DIEDRICKSON.—Our sanitarium in Wisconsin has been running two years. I am sorry to say that two-thirds of our patients are young people who work in offices and closed rooms and, as Miss Courier has said, chambermaids from hotels, which shows that the worst cases come from hotels. The sanitarium is 1100 feet above sea-level, and we have accommodations for about eighty patients, and if we get our appropriation we hope to have an infirmary. Some patients are so bad they are carried to the hospital and we have to use our registration room for an infirmary. My observation for the last two years shows that nurses do not advocate patients leaving their homes and going to a sanitarium. We also have a sanitarium at Gray Gables, Wisconsin. I hope nurses will advocate sending patients to a sanitarium because most of them are in homes where no cleanliness is observed at all.

THE PRESIDENT.—What are we going to do if there are not enough sanatoriums to accommodate the people?

MISS DIEDRICKSON.—I think if all the nurses will help we will have kitchens added. I have a postal card showing the selection of a site for our kitchen. We have about twenty-five men on our waiting list, while we have half as many women. They are told by the nurses, "If you stay there three or four weeks you will know how to take care of yourself," and when they go home they think they know how to take care of themselves. We had eight cases last spring and they have all returned and three of them are in an advanced stage. One was given permission to go home and he was so excited that he came down with a hemorrhage. They do not realize that they have to live the same

at home as they do at the sanitarium. At Milwaukee the patients are impressed with the fact that they must live up to the rules all the time, the same at home as at the sanitarium.

MISS JOHNSON.—We must know how we can best do this work in the home with safety to ourselves and safety to those who are not infected and the best care to those who are infected. That is what I want to know how to do.

MISS JAMESON.—I think most nurses know that work done along dispensary lines has been found the cheapest and as meeting the demand of the patient where sanitaria are not possible. Many of our states have sanitaria for mild cases and they have hospitals in many cases for the moderately advanced cases, but for many of those cases there seems to be no hope. Though every effort is being made the work is slow, the work of prevention, and although the open-air treatment is favorable, there are not many such places where they can be taken care of and we have to fall back on the dispensaries. It takes money to provide for out-door treatment to supply what is necessary. As private nurses we go into the home and people are very much interested in the work of prevention, and if our nurses would act as missionaries I believe they can secure for their tuberculosis work all the funds that are necessary.

Mrs. HICKEY.—We have in existence in the state of Washington a society made up of private citizens called the "Anti-Tuberculosis League." In this county league there was one of our King County nurses of the tuberculous sick. We as skilled nurses felt that this work should begin at the beginning, not with those dying or with those already infected, but with the little children in the schools. So we took the matter up with our superintendent and told him that the time had come when the children should be taught in school to take care of their health, and that it was more essential to teach the children the gospel of health than it was the three R's. Being a progressive man he said he felt the same way and asked us to draw up a plan. We suggested a physical director and that the mothers be appointed as a committee to decide what was to be done in this line. We wrote all over and received primers from New York City which are used in the schools there. They suggested to our department of health that they print those same primers, and if they could not afford to print them altogether they could print lessons in bulletin form each month, and from the first to the sixth grade the teacher could use the lesson on the prevention of tuberculosis and the prevention and cure of tuberculosis, and from the seventh and eighth grades through the high school work the work should be taken up with the prevention league. They use this method in Washington, D. C., and they sent us all their literature that we might see what was done. We have also recommended that Galnick's "Hygiene" shall be taught in the schools. This takes up the care of the skin, the air, how to breathe right, and in our opinion we have found it to be the best book we could find to put before the children on this subject. Our superintendent expects to put this in the school beginning with the session in September.

THE PAPERMASTER.—May I ask Mrs. Hickey whether the teachers understand sufficiently the laws of hygiene to teach them.

Mrs. HICKEY.—I think they understand the simple laws of hygiene; the lessons are so simple that almost any teacher can understand them. I do not think it is necessary to go into a deep study, but teach children that they must sleep with the windows open, teach them how to eat properly, and to drink

pure water instead of five cups of coffee. Teach them especially the value of fresh air. We are trying to teach the teachers that they must keep their windows open. Most schools have a system of ventilation and the manufacturers or directors tell them they must not open the windows or they will interfere with the "system." We tell the teachers they must open the windows to get the fresh air in and the bad air out.

Miss DOCK.—Don't you think it might be better to have this teaching in the hands of a trained nurse? It was brought out at the tuberculosis conference that the highest rate of death was among school teachers and we find the ventilation is at fault.

Miss NUTTING.—Is not ventilation in school of actual significance? Those who have gone further behind the conditions that control, whether it is for ventilating a room or whether the work is done to keep the room in order, know there is no comparison between the two. We have an interesting plan for nurses to follow. In two cities friendly nurses are at work bringing it before the nurses and teaching the children through the nurses. Pittsburg has a nurse teacher and a similar request has come from another city to take little children from the fifth grade on. The teacher is supplied by the tuberculosis association or by the nurses. As soon as we have nurses trained to teach the children properly by means of the methods we teach the child we will have a demand for that teacher. Beyond hygiene there is something deeper in which the children of this day and generation need to be instructed. There are two things that we want: We want better housing conditions and we want better wages for our children. When children receive this instruction they are going to demand better homes and higher wages.

Miss THOMPSON.—I want to say that we have given this subject of tuberculosis a great deal of thought, and I think most associations in cities have tried to do what they could, but I think visiting nurses come closer to it than any one else; but, as Miss Nutting said, it is well to advise people what to do, but if they have not a thing to do it with it is hard to advise. That is what we visiting nurses have to contend with. It is a fine claim, but it is not practical unless you make patients abuse your charity, which you do not wish to do. I think the tuberculosis nurse is like the contagious nurse. It is something that should be regulated by legislation. Each county should be responsible for its own tuberculous cases. We should have a compulsory law, people should be compelled to go to these various places to be cared for. I feel very strongly on this subject, because in Milwaukee we tried to do the same as other cities do for their tuberculous poor, but I must confess that we have not accomplished a great deal. It is an easy matter to deal with people who will follow the instructions, but we must not forget that the majority of the tuberculous poor are people whom it is hard to deal with, and it is not altogether their own fault. They have no money to buy food, they cannot buy the food they need, and a good many are self-respecting enough to say they do not want charity, but I think the county institution would better solve the problem. I think each county should be made responsible for its tuberculous poor, and although there may be some sentiment about it, yet if they were compelled to go there I dare say in twenty or thirty years we would talk less and spend less money on tuberculosis, for under the present conditions we are not accomplishing one-half we ought to accomplish.

**MISS DIEDRICKSON.**—They do not find all the cases there are, because in our own institution we get the advanced cases while the milder cases are taken care of elsewhere. If each county does not take care of those advanced cases who is going to take care of them? Are they going to be left in their homes or sent to some place where they will be properly taken care of?

**Miss Dock.**—At the settlement in New York we have more calls for nurses to take care of tuberculosis work than we can supply. This work is far in excess of other kinds of work. I thought it would be well to impress upon the minds of nurses the necessity of fitting themselves for this work of taking care of tuberculosis cases. The country wants women whose children will act with the anti-tuberculosis movement all over the country, and it is possible to develop and educate the people along those lines. They come to us for nurses who have specialized in this work; many such calls come to us. They want a nurse who not only knows how to be a good nurse, but a nurse who is able to get a mental grasp of the situation.

**Miss DELANO.**—It seems to me the thing we need is a campaign of education to improve the environments of the people. In New York we pay for light by the square inch and do not always get it then. We are the only ones who pay for light in that way. People in country districts shut up their houses and shut out the light. It seems to me that as nurses we are in a position to start a campaign of education for light. In some places it is easy and in some places it is difficult. The improvement of the conditions of the working people would solve the problem more quickly than anything else.

**Miss McCORMAC.**—In Connecticut we have just got an appropriation for a county hospital, and there is agitation for a law to apply to people who are incurable. The investigation of those cases at present will be made by visiting or dispensary nurses.

**Miss GILES.**—In Pittsburg we have not only the nurses Miss Nutting referred to employed by schools, but the city has four other nurses employed, going around and visiting not only tuberculosis cases, but investigating the poor and teaching people how to live. The tuberculosis league in Pittsburg has five or six nurses employed at the present time and could use at least twice as many more if they had the money to spare. The nurses are almost worn out by having so much to do, and they have a demand for a great deal of work they cannot do. Their work does not consist so much in nursing as in going from house to house and teaching people how to live and how to take care of themselves and their homes and how to take care of contagious diseases. At the commencement exercises of our training school the mayor made an address and one of his remarks was that since they had introduced nurses in this work in the city of Pittsburg the percentage of contagious cases, typhoid, diphtheria, and tuberculosis, had been reduced more than one-fourth.

**THE PRESIDENT.**—We have to close this discussion, although it is very interesting. Let us realize that if we cannot have district and school nurses established everywhere, there is much that we can do as individuals and associations. In New York the District Nursing Association of Northern Westchester County has started an educational campaign. They have issued circulars and cards that are sent to schools in towns and country districts within their jurisdiction. These are simply health cards and are sent to each school in the country; one is given to each pupil, and if the teacher can be

interested they are given topics and the children write essays, and some are very much better than that which the Boston boy wrote. This is something an association of nurses could do. The expense of printing these cards is small and each child can take one home which can be hung up the same as a wall calendar.

### POST-OPERATIVE CARE WITHOUT DRUGS

By CHARLOTTE E. DANCY  
Battle Creek Sanitarium

IT is my wish this morning to direct your attention to some physiologic methods of caring for patients who have to undergo surgical operations. By physiologic methods I mean those which aim to obey and fulfil the natural laws of the body as we know them, which aim to bring about natural conditions under unnatural circumstances. To do this I shall have to refer to what is done at the Battle Creek Sanitarium, an institution whose object in existence is that it may bring under one roof all the physiologic methods culled from various parts of the world, and may educate the people in these methods, and at the same time may discountenance anything, whether in habit of life, dress, food, medicine, or treatment of disease, which it thinks unphysiologic. I will say that drugs are not discountenanced when scientific investigation shows them to be the best things to use under existing circumstances. For instance, quinine is given in malaria, the serum for diphtheria, etc.

To wisely care for an operative case, one tries to bring about healthful conditions, but what is health? We have come to consider that a good definition of health is, pure blood freely circulating in all parts of the body. Realizing the vast power of the blood as the body's natural defender against invasion and restorer after injury, when one deliberately plans to cut the body, to perhaps remove some part of it, to chance an infection, and to lower the vital resistance by anesthesia, it is reasonable to turn one's attention to the condition and circulation of the patient's blood before, during, and after an operation.

The subject for an operation is not likely to have either a high opsonic index or a perfect circulation of the blood in every organ of the body. What can be done to raise the opsonic index and to bring about a free circulation of pure blood? When Dr. Wright first made known his discovery of the opsonins, tests were made of the various drugs in common use to decide their effect upon the fighting power of the blood. Only one drug, and that protonuclein, increased the opsonins. The attention was then turned to the bath, and it was found that by reaction to a cold bath, the patient's fighting power was increased, also that alternate hot and cold applications raised the opsonic

index. As to the circulation, it is well known that applications of cloths wrung from water at a temperature above 98° stimulate the vasa dilatatores of the skin and reflexly those of the deep-seated organs. Applications at a temperature below 92° stimulate the vasoconstrictors of the skin and reflexly those of the deep-lying organs. Applications of water between 92° and 98° are neutral in their effect and so the nervous organism of the patient may be rested.

Having given our patients the usual preparation for anaesthesia, we begin on the anaesthetic table to control the heart's action and to establish and keep a free circulation of blood through the lungs. This we do by putting a compress of several thicknesses of gauze wrung dry from ice water on the front chest, and covering it with two thicknesses of flannel. Renew every five to fifteen minutes, giving a short friction with the hand between applications. Continue this throughout the operation. After operation, while still partly under anaesthesia, we give a lavage to empty the stomach of mucus, bile, the fumes of ether, etc. This we find lessens nausea and vomiting to a remarkable degree. After being bandaged, the patient is taken at once to a bed prepared with a hot hip and leg pack; a saline enema, one pint, at 110° is given. Then the pack is drawn over the patient. This keeps the patient warm and also keeps the blood in the extremities, preventing congestion in the liver, or at the seat of operation, and lessening pain. At the same time a short, very hot compress or fomentation is applied to the front chest for one minute, to dilate the skin blood-vessels and draw the blood to the surface. This is followed by a short, vigorous, cold friction to the chest and arms. The cold contracts the skin vessels and reflexes the deeper vessels, the friction assists the body to react to the cold, and reaction to cold is at all times tonic, increasing the leucocytes and raising the opsonic index. A wet cold compress is now applied to both front and back chest, and snugly covered with two thicknesses of heavy flannel. The cold friction is given to the arms, which are then covered by sleeves pinned to the flannel chest pack. This procedure takes a shorter time to do than to tell about it. During this time the hip and legs have been kept in the warm pack. Now uncover, and apply the tonic cold friction to each leg, drying, and wrapping either in a wet gauze compress or a dry muslin compress, covered by two thicknesses of flannel. If put on dry, these are for warmth; if wet, they keep a constant interchange of blood going on in the area which they cover. All these measures have been establishing a free circulation of blood, preventing congestion, lessening pain, and building up the fighting power of the blood.

But in spite of all this, there will be pain, and some treatment to the wound itself becomes necessary. Heat being the most soothing treatment, or an alternation of heat and cold, a very good way to apply it is by means of the luminous rays of the sun, directed to the parts over the dressings. The rays penetrate through the dressing to the wound and into the deeper tissues, relieving pain, preventing adhesions, and other sequelæ of the knife. The heat may be alternated with cold by laying a piece of mackintosh or oiled silk over the dressings and placing two or three light weight ice bags over this for about the same length of time, or two-thirds the length of time, that the heat was applied. In perineal wounds the light may be used or else an application of sterile gauze wrung from hot boracic acid solution placed directly over the stitches and covered with three applications of the flannel fomentation. For backache and other pains, following the strained position, etc., the fomentation or the radiant heat is invaluable. As a tonic the ice bag is the chief thing in use.

The treatments outlined are all repeated every three hours the first day, and during the night if the patient is awake. Three times a day, the second day and night, and the morning of the third day. After this they are replaced by some simpler form of treatment and a daily increasing massage when there is no fever.

A word ought to be said here about the values of fresh air, sunlight, water drinking, and diet as physiologic measures. But I shall only say that we use no flesh food, no alcohol, no tea, no coffee, and that the low standard of proteid is followed and all dietetic offers possible are made to build up healthy blood. My observations have been that by these natural methods of treatment patients are made more comfortable during illness and the system is left in a more tonic condition than after treatment by drugs. Also the painful sequelæ of operations are lessened, such as adhesions, phlebitis, neuritis, partial paralysis, etc.

**Mrs. IDA M. TICE.**—I am still a member of the old school. The post-operative care of surgical cases is most important. On the immediate and final outcome I do feel the speaker has taken a stand remote from the literature. Physicians have determined that in normal metabolism a normal amount of food is required. That does not mean that such a diet is to be excluded. A deficient diet was never known to improve the character of the blood, much less the circulation. Both massage and the ice pack undoubtedly have an influence upon the heart, but it will be a long time before they will replace the use of the good old cardiac stimulants. I cannot quite imagine a patient with cardiac failure and a surgeon combating the condition vigorously with an ice pack. I rather think he would give a patient suffering with pain after a laparotomy a single hypodermic of morphia rather than cold and hot treatment. I would

like to ask the speaker just how cases of shock come off from the operating table.

MISS DANCY.—We do not have them; we prevent them. Prevention is the better part of cure. We are taught what to do in case one should occur. We apply a compress and then a bandage is put over that and drawn tight. At the same time a hot pack is given to the hips and legs and an ice pack is put over the heart. We do not get cases of shock, we prevent them.

MISS COURRIER.—Although I have been trained to be an exponent of the old school, I have seen an almost expiring patient respond as quickly to the application of a hot towel as he would to a hypodermic of ether. I should have said the hot towel was applied over the heart.

MISS ANNA C. JAMME.—At the Mayo brothers' hospital they rarely give a heart stimulant, they depend entirely on the saline after operation. We rarely have shock, and I do not believe the Doctors Mayo ever give a hypodermic, they depend entirely on the saline solution for a heart stimulant.

MRS. ROMB.—That form of treatment is not confined to the Doctors Mayo; it is general.

MISS DANCY.—When I was with Dr. Murphy we used the hot saline by the drop method and found it very beneficial.

## THE LIMITATIONS OF THE NURSING PROFESSION

By EDITH BALDWIN LOCKWOOD  
Granby, Conn.

IN considering the limitations of the nursing profession, we may in a general way classify them as those necessary to the profession's development and those restrictive to its development, or, to classify differently, we have: the limitation of origin, the limitation of purpose; the limitation of our system of education; and the limitation of our field of endeavor. These are to some extent correlated and interdependent and do not separate exactly according to the terms of the first classification.

The origin of the profession and the purpose of the origin impose distinctly different obligations. The origin was most humble, the purpose most noble. The origin was in the change from the crude, grossly neglectful attendance on sickness,—attendance that was considered the most menial and degraded form of personal service,—to attendance having humane handling and simple cleanliness as its object. The purpose actuating those who instituted this change was no more, no less, than the purpose of the profession to-day. If, in the strength of that purpose, it has grown in a scant half century from its origin in humble degraded service to the accepted rank of a profession, we must accept without challenge the scope of that purpose as imposing no limitations we may not well accept to-day.

In considering these limitations I do not wish to imply that we have reached our ultimate development. The progress that has been made is from nothing to a profession. The line of progress before us is from a profession on to a science. But the time may not be quite ripe, as I think a consideration of our limitations will show. Progress has been rapid, easy, and spectacular, but it is possible, and I think inevitable, that there is a period of work, of hard, self-sacrificing work, not less than that done in the beginning, before the profession is so perfected as to be ready for further progress. Filling in the chinks, putting in new sills, or squaring up the underpinning is neither as agreeable or as showy work as adding a new story, but it is more essential to the stability of the structure.

*Writing 4-9*  
It is somewhat difficult to formulate a definition, which shall be a complete, concise statement of the purpose of nursing. The following, perhaps, is an approach to it: to establish and maintain such condition of person and surroundings that the discomfiture incident to illness be borne with a minimum of distress, and to administer such remedies and treatment for the alleviation of suffering, and the removal of the cause of illness, as are ordered by the medical profession. This applies to nursing. If I make the definition one the purpose of the nursing profession I must add: and to do this in a professional manner. As I give it first, it might apply to paid menial service; with this clause added it implies the dignity and responsibility of a profession, quadrupling the requirements.

The definition is fairly comprehensive and applies equally well to the purpose of the individual nurse, the province of the nursing force in an institution, and to the profession as a whole, and with practically no exception the profession's present rightful field of endeavor is covered by it. The task of making the profession fulfil the requirements of that definition is one so great that all energy generated by our nursing organizations may well be directed thereto.

From this viewpoint of the profession's purport, some of the common questions frequently propounded seem insignificant as well as irrelevant. Such a question for instance as, "Shall the nurse prescribe?" We have but to look at our purpose for answer. "But" asked some one recently, "may she not as much as prescribe a Seidlitz powder for a headache?" Certainly not; if she is in the relation of nurse to patient, with a doctor in charge of the case. It is a human prerogative to advise the fellowman what to do for his cold or his dyspepsia. The non-professional does it, and the professional nurse will and may do it,—as a fellowman,—but not in a professional capacity.

may she prescribe or administer the simplest medicinal remedy on her own initiative. The latitude a doctor may grant a nurse in this respect is to be used as part of her orders, but latitude allowed in one case should never be assumed in another without full understanding, and latitude allowed by one doctor should never be assumed under another. Dr. Hugh Cabot has said that the time may come when "that part of medicine which is absolutely settled and worked out" may be given to the profession of nursing as its rightful field. But you will all agree that the time is not yet. This limitation is one that we should respect and adhere to literally. The letting down of one bar, the granting or assuming a privilege is fraught with grave danger. With the material forming the rank and file of the profession what it is, the granting of an inch means the taking of the proverbial ell.

The present method of educating a nurse, of preparing a woman for a profession is not a limitation merely, it is more even than a positive hindrance; it is a retrogressive force. The foundation of teaching nursing was necessarily in keeping with the humbleness of its origin, but from this origin of the system of teaching has come no advance in keeping with the growth of nursing. In all other fields of education we have grown away from the apprenticeship system. In the trades, even, schools for teaching the trades have been instituted. The professions have each their special college or department of a university, while nursing, grown to a profession, still educates its pupils by the apprenticeship system instituted at its origin.

To liken our profession to a plant, it has grown rapidly, exuberantly, but unevenly. It has grown weakly in places and needs reinforcing; while in other places it needs pruning. It has outgrown its root room and needs transplanting to soil suitable for its better development.

The present training-school system has just the same root room as the initial seed of educating nurses was planted in. We have tried through organization and legislation to "elevate the profession." We have tried through raising the entrance requirements and by an elaborated curriculum to raise the standard. We have tried through the course at Columbia College to provide a means of better instruction in the schools; and with what result? Not inconsiderable or insignificant perhaps, but still out of proportion to the advance to a profession in the earlier years. It is as if we were tying little pieces of lath on the weak stalks of the plant or tying up the wilted overgrowths when the plant needs transplanting.

To drop the metaphor. Just what does transplanting the plant mean? It means the establishment of schools for teaching the pro-

fession of nursing—schools that are educational institutions in themselves, and only that. It means further the disestablishment of existing schools which are maintained wholly, or in part, for other purposes than teaching how to care for the sick. The training school of to-day is, as it was in the beginning, a department of the hospital, used by the hospital to take care of the sick. The training school should be an institution for teaching how to care for the sick and I think before we can reach full or further development must come the recognition that teaching how to care for the sick is a separate distinct proposition, not of equal or greater or less importance than the care of the sick.

The care of the sick is the hospital's purpose; its problem to solve. The teaching of nursing is the training school's purpose, its problem to solve. If the hospital and school are one it has two problems of independent nature and value and it is in no way justified in solving one at the expense of the other.

I think no one has ever advanced the shortage of graduate nurses as a reason for a short course, a low entrance requirement, or a simplified curriculum. It is the shortage of probationers, the shortage of sufficient pupils in the school to take care of the sick in the hospital, to do the hospital's work. That is undisguisedly the reason for the "return to the two years' course" of which we have heard so much. It would be rather absurd if a normal school for teachers should insist on enrolling students enough to teach the public schools of a city, but the case is a perfect analogy.

What should be required in a woman to make her worthy of entering the profession of nursing? I think we at once concede that there must be mental, moral, physical, and educational and temperamental fitness and that the absence of any one of these is, if not sufficient to debar, at least a very serious drawback to her eligibility.

An illustration from actual experience in the training school will not only sound familiar to teachers of nurses but will show clearly the detrimental results of the system; the limitation it is to the profession's development. The principle of instruction for probationers is in many schools: "Teach them what will most quickly make them of value in the wards. Teach them practically, how to do things that need to be done, the theory to be taught later. For instance: Teach the preparation of catheter and douche trays; the *principles* of asepsis and sterilization to be taught in the second year. Teach hospital etiquette; give instructions in ethics, etc." I have in mind one class of sixteen probationers. In review, I think about six were competent to be admitted to a nurse's training. There were women there who didn't

know whether "ethics" was a disease or a river in Africa; women to whom the difference between one-thirtieth and one-sixtieth was the *pons asinorum* of mathematics. The teacher of this class was reminded that ethics was to be taught to probationers, and when she answered that they were struggling with common fractions, was told, that having been a teacher she was prone to lay too much stress on primary proficiency.

At the close of her first probationary month one of these pupils was reported as absolutely incompetent and unfit for further trial. But, it was said, the number of nurses must be kept up, and there was not another application on hand. "We must wait," said the superintendent, "and weed her out when conditions are more favorable." So they put her on night duty in the chronic ward to get her out of sight, and the weeding-out time came when she gave an ounce for a drachm of a sedative mixture.

We can legislate and registrate until the chapter's end, but we never will be a profession or a science until this sort of thing is absolutely eliminated. Until we can secure students worthy of professional instruction, we may well be chary of assertions that ours and the medical profession should meet on equal footing.

I spoke of some of the limitations we should respect in our relation to the medical profession. There would seldom if ever be need to call attention to this or to criticize, if only women of suitable qualifications were in the profession. The lack of recognition of what is professional in the various relation of nurse to doctor, to patient, to employer, and to fellow nurse is the direct cause of the thousand and one complaints against us as a class and as individuals.

A profession is an occupation involving special fitness, special discipline and special instruction. The special fitness is education, and education of more than one generation, the heritage of mental and moral training. "Profession" is synonymous with vocation, calling, and art, and carries both obligation and limitation that a trade, or work—occupation for a livelihood—does not carry.

I think there is no limitation to what may be done, and done in a professional manner. A man who through long months under professional care observed our representatives with interest said: "If the nurse says 'I am going to cut your toe-nails now,' then it's professional, but if I say to her, 'I want you to cut my toe-nails now,' that makes it menial service." It was jestingly, perhaps coarsely, put but I think he touched the keynote. It is the manner of approach to the work. The professional nurse does not take orders from employer or patient,

but from the doctor only. She is in charge of all that pertains to the patient's welfare, other than the doctor's province.

I take very little stock in the cry of the over-trained nurse; she who knows so much she won't do anything. She is very apt to be the woman of inferior quality who was necessary to keep up the number required by the hospital; she has attained a smattering of technical terms and professional ideas which she is unable to assimilate and the result is the over-trained nurse. Verily a little learning is a dangerous thing. Once procure the condition where only such women as possess sound fundamental requirements are allowed to study nursing and the over-trained nurse will cease to be.

The limitation of what may be done in the individual case cannot be established by abstract ruling. It must be decided by each nurse in accordance with circumstances, and is it not requisite that she possess this very essential professional sense? and that the output of schools of nursing should guarantee it? If the carrying out of the profession's purport involves manual labor and personal service it does not relegate nursing to their rank, but elevates them rather, in such degree as they form a part of the end to be attained to the rank of a profession.

In the practice of a profession the end sought, the purport, is something other than financial return. Work for the work's sake must always be the attitude of professional service, in contrast to exchange for an equivalent value in money or in trade. Nor need confusion arise because "work for the work's sake" receives a money compensation. The question of the money value of a nurse's service is one I wish to touch but briefly, just enough to say we must avoid any and everything that suggests trades-union principles. Let the charge be a matter of business between the nurse and her employer, and as a business agreement inviolate. With the true professional sense should go a practical sense of business honor—too often lacking, not only in our profession but in our sex. The establishment of a sliding scale of charges as a solution to the problem of supplying nursing to the great middle class is a beautiful theory, but who shall set the wage of the individual nurse for the individual case? Who shall adjust the scale? It would require judge, jury, and superior court in one embodiment. The nurse has a part, a share, in many forms of the world's endeavor for the betterment of mankind, but only as a factor. The problems do not become the profession's responsibility. "The Care of the Great Middle Class" is a problem in which our profession is a factor, necessary for its solution, but it is not a problem for us to solve. It is, to be sure, a humanitarian obligation but it is a municipal or civic duty, shared by us only as citizens.

It is rather absurd, is it not, to be investigating almshouses, instructing public health committees and planning to take care of the great middle class while we are not working to conclusions in our own affairs. Let us look to our own interests, recognize our limitations, correct our own faults. Let us work to conclusions and effects in schools for nurses so that the next generation of nurses shall have a surer, broader footing on which to stand and call itself a profession, and easier steps upward to a science.

This has all been put before you in varying forms during the convention. Adopting resolutions and instructing committees sound well in the reports but what is going to be done? Before The University of Minnesota shall have graduated five nurses from this its most admirable system of teaching nursing, schools the country through will have turned out five hundred and fifty-five incompetent, incapable graduates, detriments to the profession.

It is only one small thing to arrange a perfect training-school system. It is another larger and more serious problem to check the output of incompetents. Turning a small stream into a large river will not alter its character to an appreciable degree. We must go to the source and perfect the character of the supply in order to have a worthy outflow. Interesting as are the world's endeavors, important as is our profession's part in them, let us not lose sight of the fact that first we must perfect ourselves.

MISS M. ADELAIDE NUTTING.—Madam President, I am not prepared to discuss this paper. It is altogether too comprehensively and carefully written a paper to be discussed without some preparation. I feel only that with the general import of it, which states emphatically and distinctly the need for improvement in our system, I am in entire sympathy. Suggestion after suggestion has been made of the greatest value. No one has ever met a more difficult complication. It will need many papers to discuss the needs of this question. I do not believe the government of the United States faces anything more difficult than the training school in the hospital. We are not here in antagonism to the hospitals you represent. We know the system we represent has improved with the most painful and serious effort. No one who has not been a superintendent of a training school for many years knows under what conditions and under what difficulties every step of improvement has been reached. I am thoroughly of the opinion that the school should do all the work. We have a long way to go before we establish that in the pupil's mind. In nearly all the papers we have had, the paper by Miss Hay, the paper by Dr. Beard, and the paper by Mrs. Lockwood, the keynote was better education of the nurse, and without that your education cannot be what it ought to be.

I do not agree with Mrs. Lockwood in all respects, for we have the power and the strength to assist those who are struggling with the problems of almshouses and insane asylums.

One thing I would like to emphasize, and that is the need of working together in the utmost harmony for the utmost effect in the work we love and cherish. No one can do it alone, but I plead for the closest harmony of all the nurses.

Miss GOODRICH.—Eighteen years of this struggle has made a woman suffragist of me.

Miss DOCK.—I would like to emphasize the point made regarding the sliding scale. I quite agree that the sliding scale can never be a matter for the individual nurse to struggle with. I believe if such a thing can be evolved it can only be evolved through organizations. I believe the average woman cannot safely undertake the management of the sliding scale. The main feature which lies at the bottom of all trade organizations is brotherhood, and I want to point out that the sliding scale is dangerous for the individual woman to take up, because if she attempts it she will have her throat cut in the economic struggle and she will sink into poverty.

Miss SMITH.—In the modern system of training schools as we have them now, may I ask how many patients one nurse should be expected to care for in private hospitals and likewise in public wards?

THE PRESIDENT.—There is a state representative here who says she has seen hospitals with five patients and nine nurses. The nurses were probably out doing private duty.

Miss SMITH.—In connection with that question it occurs to me we might take into consideration what nurses are expected to do. On the ride last evening on our car the remark was made by some one that in the western small towns the little things necessary to be done for patients in our large cities are not expected of the nurse, and hence the nurse is able to take care of more patients than in our large city hospitals. I mean patients in private rooms.

Miss NUTTING.—May I ask who does the "little things" for patients?

Miss SMITH.—They are not done. What I mean is taking care of flowers, brushing the hair, and things of that sort done for our aristocratic patients.

Miss NUTTING.—I consider brushing the hair one of the fine arts.

Miss KELLY.—I come from a hospital where the patient's hair is brushed and the flowers taken care of by the nurse.

Miss BEATTY.—I would like to know where that delightful place is. I would like to move there at once.

Miss COURRIER.—I was trained in a county hospital, and I would like to say that a great deal more was done to a patient's hair besides brushing it.

Miss SMITH.—That is one of the things I had in mind and was the reason I raised the question.

THE PRESIDENT.—Is there anything further to be said on our limitations?

Miss NUTTING.—Madam President, we are all painfully conscious of them.

Mrs. LOCKWOOD.—In view of what Miss Nutting said I do not minimize the importance conscience plays in public health, but I do feel the need of home duty first. These things are secondary duties of our profession. The perfection of our profession comes above these other very important essential things. We can do better work for them after we are more able to work.

Miss NUTTING.—I make an apology now for speaking again and promise not to say anything further. I only wish to say that careful application to duty without mental training has given many a nurse such a grasp of the

situation that it has enabled her to act without specific instruction. Nor would I except the hospital training. I realize how splendid is our own hospital training; we do not get it anywhere else. Our own homes have failed to give it to us, and we need it in our work inside and outside the home. I would, however, check some of the abuses that are entering into that training. I would shorten the hours, I would make the surroundings as good as possible, and I would make the standard of training higher, but I would not shorten the course of training. Other educational bodies are lengthening their course of training.

### THE NURSE AS AN ANÆSTHETIST

By FLORENCE HENDERSON,

Anæsthetist to St. Mary's Hospital, Rochester, Minnesota.

IN the nursing profession, as in all other lines of work, the tendency of the day is toward specialism, and by this means more efficient work is being accomplished. In the different branches each nurse can find the line of work which is particularly adapted to her abilities, and by concentrating her energies she will attain a degree of skill in one direction which it would be impossible to acquire in all. A few years ago there were comparatively few things for a nurse to choose from, aside from private duty and a few hospital positions, when she had completed her hospital training. Now new avenues are opening each year and nurses are being called upon to take more responsible duties.

One special work which is not new, but which is being taken up by nurses more and more, is the giving of anæsthetics. In some hospitals anæsthetics have been given by nurses for years. In a great many, where the highest standards are maintained in every other department, this work is assigned to the youngest interne, who has had less instruction in this branch than in any other in his medical course.

More and more surgeons are coming to realize the importance of having a regular anæsthetist, and that it is profitable to develop a competent one from a well-trained surgical nurse, who will become proficient from steady employment. Very few physicians who give anæsthetics expect to continue this work; therefore, the doctor anæsthetist's attention is divided between the anæsthetic and the operation, as that is where his interest lies. As a result, the surgeon must divide his attention between the operation and the narcosis. With the nurse it is different. She never expects to be a surgeon and her whole attention is concentrated upon the welfare of the patient.

At the present time ether is the standard anæsthetic, and the nurse who gives anæsthetics should become an ether specialist and should work where ether is used practically exclusively. Chloroform, spinal

anæsthesia, ethyl chloride, and the various other anæsthetics carry too much risk with them for her to assume the sole responsibility. The indications for the use of chloroform are becoming fewer each year, and at St. Mary's Hospital ether is used for infants, patients with pulmonary tuberculosis, kidney cases, and nearly all other cases where chloroform was once supposed to be indicated. Fortunately chloroform is not now used, except by a few of the older practitioners, who used it before the present-day method of administering ether had been developed.

Spinal anæsthesia is still in an experimental stage, as are several other anæsthetics, and, if employed, it should be by physicians who are licensed to take such responsibilities.

Nitrous oxide is safe and may be given by the nurse, who can easily learn to administer it if she works with a surgeon who uses it. It is especially indicated where but a short anæsthetic is required.

When giving an anæsthetic a nurse must always bear in mind the fact that she is still a nurse, and should never anæsthetize a patient unless a physician is present in the room. Neither is it within her limits to prescribe drugs. We have not found it necessary, however, to use hypodermics of any kind during an operation. Morphine is useful in some cases as a preliminary to ether, but should be ordered by the surgeon and not by the nurse. In stomach cases 1/6 of a grain of morphine, given twenty minutes before the anæsthetic is started, enables the operation to be continued with a minimum amount of ether. In goitre cases, where there is apt to be mucus from traction on the trachea, and the condition of the patient is such that the ether must be discontinued a great many times during a part of the operation, 1/6 of a grain of morphine with 1/120 of a grain of atropine helps to allay the nervousness and prevent the formation of mucus in the trachea. By stopping the ether while the wound is being closed, the patient is very often awake by the time the dressing is applied.

Ether should always be given slowly, with plenty of air, in a well-ventilated room. At St. Mary's Hospital the drop method, which has been described many times, is employed.

The lack of confidence in herself is one of the chief recommendations of a nurse as an anæsthetist and, while she should be cool headed and able to meet any emergency which might arise, still the very lack of confidence and fear of danger keep her on the alert, and the alarming symptoms which necessitate the use of hypodermics, artificial respiration, oxygen, etc., do not often appear, as they are usually a sequence of a lack of care in the administration of the ether. If the patient is

watched carefully, the jaw properly handled, and plenty of air given, it is surprising how seldom trouble will be encountered.

The habits of observation, which have been instilled into the nurse's make-up during her training, will be of great advantage to her. Patients are beginning to realize the importance of having some one who is competent to take charge of the only part of the operation of which they are conscious, and the part usually most dreaded.

The patient's confidence in the anæsthetist is most important, both for his own comfort and for the securing of rapid, even anaesthesia. Most of the laity have a more familiar knowledge of nursing than of surgery, hence patients are apt to yield themselves much more readily to the suggestive influence of the nurse, whose methods they think they understand, than to the same suggestion from a physician, about whose profession there still hangs, in the minds of many, a halo of mystery.

A nurse who takes up this work must, if she expects to be successful, take it up with the intention of continuing it, for only in keeping at it can she become skilful and do work which will be acceptable to the surgeon. In no other way can the demand for nurse anaesthetists be created, for so long as internes can do the work as a part of their hospital service, institutions and surgeons are not going to the expense of employing nurses, unless they secure better results by so doing; but let the nurse prove that she can do better work and such positions will be opened to her. It is a work which a nurse can continue for a longer period than most other lines of work, for the older she grows and the more experience she acquires the more confidence she will inspire and the better her work will be. As a rule, the hours are shorter and regular. She is not often called upon for night work, and although she works hard during the day, the uninterrupted night's rest is greatly to her advantage.

If her time is not all occupied with the giving of anaesthetics, she may be associated with other hospital duties, or if she is employed by the surgeon she may be useful to him in compiling records, following out subsequent case-histories of patients, etc. Hourly nursing might well be combined with this.

At present, I do not know of any nurse doing this work who is not employed either by some surgeon or some hospital, but there are physicians in most cities who make this a specialty and give anaesthetics for the different surgeons in that city or community. This would be a much more difficult line of work, as surgeons vary so in their requirements, but a nurse with sufficient experience could, I believe, make a success in this way, especially in a city where her work is known.

AGATHA HODGKINS (Cleveland, O.)—In opening the discussion I wish to express my appreciation of Miss Henderson's very able paper.

Agreeing that ether is the safest and most standard anesthetic, and that it is therefore advisable that the nurse anesthetist be an ether specialist, I would like to suggest that she also be competent to administer other anesthetics equally well.

In Dr. Crile's clinic at Lakeside, we are using in many cases nitrous oxide and oxygen. We now have a series of nearly 250 cases, most of them major operations, performed under this anesthetic. Dr. Crile feels very hopeful as to its practicability. The dependence on a mechanical apparatus, and the necessary technic of the proper mixture of gas and oxygen to suit the individual case make the administration necessarily more difficult than ether or chloroform. It is not as practical an anesthetic for the surgeon on account of the want of complete muscular relaxation, but there is no doubt as to the increased comfort to the patient.

Chloroform, spinal anesthesia, and ethyl chloride we do not use in our clinic; ether, and nitrous oxide with oxygen fill our requirements.

Miss Henderson's point that the anesthetist must continue at work is well taken. Intelligent observation comes only through practice, and in no other field is the old adage—"Practice makes perfect"—so surely proven. Fortunately, the longer one gives anesthetics, the more important and serious does the work seem. Personally I know of nothing that demands more conscientious and intelligent service. A surgeon can accept nothing else, and the hazard is too great for the anesthetist to give anything less.

I agree with Miss Henderson that no nurse should assume undue responsibility and also that over-confidence is to be deplored. I do think, however, that a goodly amount of confidence is necessary to insure that calmness of conduct which is one of the requisites of a good anesthetist. A nurse should never encroach on a doctor's province as regards the ordering of drugs, etc., but no one will censure her for the acquisition of any knowledge in her chosen subject, the object always being a more intelligent and trained judgment. This quick and intelligent judgment is a quality which if not possessed must be developed, as the surgeon must necessarily depend upon the anesthetist for the safe giving of the anesthetic, and he expects her to know how the patient is standing the operation. Of course any doubt as to the patient's condition must be referred to the surgeon, for no nurse has the right to take any responsibility in this connection.

The personality of the anesthetist is a factor which should be considered. In administering an anesthetic, a nurse meets an individual at, perhaps, the most trying experience in his life. Adults as well as children dread the unknown. The anesthetist, therefore, who at this time can give wise and kind reassurance, smoothing over the hard places, inspiring her patient with confidence, has, in many cases, contributed largely to the favorable end results of the operation, besides rendering to her patient an invaluable service in minimizing the dread and discomfort of an anesthetic. To the anesthetist the personal satisfaction of having successfully accomplished a truly difficult task should be its own reward.

No matter how short we may fall of our own ideals of perfect service, we

always desire that the women who enter the field may at least strive for the highest ideals.

MISS ANDERSON.—How much experience is it necessary for a nurse to have before undertaking the giving of an anesthetic?

MISS HENDERSON.—It depends a good deal upon the nurse the same as in any other work. If a nurse is capable she is able to become competent earlier in some cases than in others. I would not advise any nurse to undertake to give the anesthetic in a shorter time than three months. I would not advise the nurse just graduated to take up this work. I think she needs private nursing and institutional work where she has more chance to be on her own responsibility than the nurse who has just graduated and has some one to guide and direct her. After she has taken up this work I think she can go on after three months with some one to teach her.

MISS HOLMES.—What training schools are really giving our nurses an opportunity to acquire this feature?

MISS HENDERSON.—I think light usually comes from the East, but this is one thing upon which the West can throw a little light. We have in some of the Western states some physicians who are unwilling to have their patients anesthetized by men who come from the university. In one of the hospitals in this city the Board of Trustees was asked by the physicians if they would not appoint a permanent anesthetist, preferably a nurse, to give anesthetics in their hospital. Less than two years ago a graduate of that school was appointed to that position. She has in the eighteen or nineteen months she has been there given in the neighborhood of fifteen hundred anesthetics. This nurse is a resident at the hospital, receives a salary, and is at liberty in the morning to give anesthetics for physicians who do not employ their own anesthetists. In the West you know our hospitals are "open hospitals," which means that a nurse must not only know how to give the anesthetic, but she must give it for one or two physicians or for fifty to a hundred, which makes her task harder than where the hospitals are closed to physicians except those on the staff. This arrangement of employing nurses to do this work has proven entirely satisfactory, and the fifteen hundred patients have not only gone to sleep without the usual strangling and struggling which we have all noticed when the anesthetic was given by an inexperienced interne, but they have been watched carefully during the operation and at the proper time have awakened. We have known of no untoward effects when the nurse has given the anesthetic. I believe there is another hospital in this city employing or about to employ a nurse to give the anesthetic.

MISS DAVIS.—I would like to say that the sun still rises in the East, although I don't know which is East here. At the University of Pennsylvania, where I was for a number of years superintendent, they have appointed a nurse as anesthetist.

MISS DOCK.—When?

MISS DAVIS.—Nine months ago. They have taken it away from internes and taken it away from surgeons who were first assistants, and from outside surgeons of note.

MISS BISHOP.—The Maine General Hospital has always considered anesthetizing as part of the training. The nurses have always given anesthetics under supervision.

**Mrs. FREYTAG.**—The general hospitals have not that advantage, neither have the private hospitals, and I took the work in anesthetics in a different manner from which most nurses take it. I took it as a separate proposition by myself. I did not work under instruction of a number of surgeons. When I first undertook this work I found I could go nowhere where I could get this special course of training. I looked up a number of post-graduate courses and I found no place where I could get a special course except in Philadelphia, where they clinically give a special course in anesthesia to physicians only, and I almost despaired of getting this training, but I did get it through physicians who gave it to me for some months preliminary to taking up the work. I visited the Mayo clinic and received a great many valuable points from Miss McGraw and Miss Henderson. But taking up the work is like a young doctor starting out on his career. It has to be built up by a slow process, you have to get the confidence of physicians, but it can be made a success. I think nurses find it easier to give the anesthetic for one surgeon than they do the other way.

**Miss McMILLAN.**—Is there really a large opportunity to do this work? I have been told by physicians in the West that there is a great field for nurses in this line and our schools make a mistake in not including it in their course. I was requested by one or two people to start such a course in our school. I opposed it strongly because I felt it was an injustice to the women. According to my mind there was not opportunity even if we could give them proper instruction. I would like to hear some opinion on that matter from the nurses in my neighborhood.

**Miss HENDERSON.**—I very often have a surgeon ask me to recommend to him a nurse who can give an anesthetic, but so far I have not been able to recommend any.

**Miss GOODRICH.**—Would it be possible to give to certain pupils instruction in giving anesthetics? If there was any possibility of that it would seem a way out of the difficulty.

**Miss HENDERSON.**—The difficulty in our hospital is that our patients are private patients. Nurses must have experience and we cannot take in pupils and teach them. If we had a free clinic we could do it. If people knew there was a school in connection with it we would not get as good results in our work, and we can do nothing detrimental to our patients.

**Miss PALMER.**—Since we published an article by Dr. Baldy on "The Nurse as an Anesthetist," we have had quite a number of calls from different nurses in the country for opportunities for such instruction. I wrote to him and his letter was also published, and at that time there was no place which he could recommend where a woman could go to receive that kind of instruction. It would seem to me to be a good plan for one of the large hospitals to open a department where nurses could receive this special training.

**Miss RICHTER.**—One doctor wants the anesthetic given in one way and another in another way, and it is difficult in a short time to make pupils understand these things; why they should, for one doctor, give a saline, for another doctor exclude the air, and for another doctor lower the head on the table. There is no one way of giving it. It seems to me there should be some place where it could be taught.

**THE PRESIDENT.**—The nurse who was inclined toward that work might take it up as it has been done, until the happy day comes when we can cover it in our training schools. Let us wait a little while.

MISS CHLOE JACKSON.—About nine years ago we put a Sister in charge of giving the anesthetic in our hospital, and since then another nurse, who has also taken up this feature, gives the anesthetic. All anesthetics are given by the Sister and the nurse unless we have more than two operating rooms going at the same time. The plan is very successful in our hospital.

MISS ROBINSON.—Recently I received in Chicago some literature in which was set forth the plan of giving a correspondence course in nursing.

THE PRESIDENT.—We will now take up the subject of "The Hospital Economics Course." We have no formal paper, but Miss Helen Kelly will open the discussion.

MISS HELEN KELLY.—I cannot say much, but there are a few who are doing well. I have been told that perhaps those same women would have done equally good work had they not taken the course in hospital economics, but of course, I can deny that. I can and do doubt it. For myself I can say the work has been of incalculable value, and I am sure that every nurse here who has taken the work will agree with me. The most invaluable part of the course is the work in educational methods and practice. We are at last coming to a realization of the fact that correct education is becoming quite as important in nursing training schools as in high schools and colleges. One thing that nurses who have taken this course deplore more than anything else or anybody else, except the women who have established it, is that it is not possible to bring it within the reach of the greater number of graduates, and we have, I know, always given a great deal of thought to ways and means by which this rich mine of opportunity might be brought within reach of the greater number. The greatest drawback to this course is the expense. Most of you know what Mark Twain said about life in New York, "it costs just a little more than you have." To a nurse who is dependent on her own resources the cost is almost prohibitive. There are several solutions of this problem that are possible, one the establishment of scholarships, but unfortunately there are comparatively few schools that are able to offer even partial scholarships to pupils, the plan suggested by Miss Hay at the superintendents' meeting of having a short summer course, or a course of such time as nurses could arrange to go to the university for work in bacteriology and psychology.

I have another plan to suggest, and that is to have nurses in different sections of the country who would like to take this work go to their own state university and colleges and take up such subjects as psychology and domestic science, or work that is taken up the first year, and have credit given for the work at Teachers' College, and possibly go for the second year in theory and practice. One reason why this appeals to me, aside from the fact that it might reduce the living expenses of the nurses, is that it would awaken the interest of nurses in those educational centres and hasten the time which we will all see when the training schools of the country will be a part of our great university system.

I think this is all I have to say about the course. I am very glad indeed to acknowledge before the nurses of the country our great indebtedness to the women who have made this course possible, and also to the women of Teachers' College who have given us such a cordial welcome.

MISS BERTHA ERDMANN.—I want to say a few words in favor of the study of psychology which I consider the most important of the year's work. It may strike the practical mind as rather irrelevant to the subject of nursing, but

apart from the fact that it is the basis of all intelligent teaching, it seems to me particularly valuable in helping to a better understanding of the vagaries of human nature. It has a very definite and practical bearing on life's problems, especially in view of the recent emphasis on mental attitudes and influences, and the increasing number of nervous derelicts we meet in every department of nursing activity.

Not only the graduate nurse, but the student nurse, needs all the knowledge and power she can gain, by which she may control and regulate her own life and rightly influence the lives of those who depend so much on her for strength and readjustment.

The excursions to the different manufacturing establishments in connection with the study of food production and manufacture were most delightful and instructive, also those connected with the study of hospital economics. I express the sentiment of the entire class when I speak of the debt we owe to the different women at the head of hospitals and training schools, for their unfailing and kindly interest.

They had planned our visits carefully, accompanied us through the buildings, giving up the entire afternoon. Again the personal touch with the men and women at the head of our profession was an education in itself. As one of the younger members of the Superintendents' Society said to me the other day: "Now that I have met and heard Mrs. Robb, I shall teach her book on 'Ethics' with more interest and understanding than ever before."

Another thing that impressed me was the many sacrifices the students make to receive an education.

Since my return I have been asked whether it pays to go to Teachers' College. Personally, I think that any broadening in one's outlook or enriching of one's life is well worth while, even at a sacrifice of many other desirable things, yet, even at the world's valuation, which we cannot altogether ignore, one would think that the bigger the woman and the broader her experience and knowledge, the more she should be worth in any position.

The keynote of this entire convention has been "properly prepared women for the work." I would suggest to the nurses, that as soon as they discover what special branch of the work they intend to pursue, they enter Teachers' College in New York for one or two years of further preparation, be it as superintendent, teacher, private nurse, or social worker.

Miss BALCOM.—Miss Kelly spoke about the expense being prohibitive. I think any nurse who aims to take that work and can think about it long enough beforehand can save for that purpose. If I may be personal, I do not believe anybody is more limited in means than I, and as Miss Kelly says, it cost me a little more than I could carry, but I did it and I think others could do it also. I think the prohibitive part is lack in some instances of saving enough for expenses before taking the course. I have had nurses ask me about the course, but having no foundational experience they cannot get out of it what they need until they have first had some training-school work, and in addition to training-school work they should have some private duty and post-graduate work, and then I believe some institutional work sufficient to make them know what they need and what they lack when they go there. I think the Teachers' College work should be the culminating preparation for an institutional career.

MISS SMITH.—It gives me great pleasure to add my testimony to the statements that have been made, and they have been better expressions than I am able to make, but I only wish to reinforce them while standing on the floor by giving expression to the words that come to me at this time. The course in Teachers' College serves to give us a stronger exposition of humanity. I think no one can go to that school without finding it a great benefit. It is one of the best things it has been my privilege to take up. I would say in connection with the ability to teach I did not feel before that, that I was getting what I wanted, but, as the last speaker has said, I do not think any one ought to go there without a sufficient foundation. Almost any educational institution requires a certain preparation for entrance, and I think before any one enters Teachers' College she should have a foundation laid for the work she expects to take there. We can make considerable provision for expenses before we go to Teachers' College if we have for some time previously set our minds on going there. I am exceedingly glad to think that the school at Teachers' College is beginning to fulfil the expectations of our leaders who organized it.

MISS KELLY.—I want to eradicate from the minds of those present an erroneous impression I may have given. I did not mean to say that the cost of attending Teachers' College was so great that it was beyond our means, but in this matter it is a case of will as much as anything else. I think no woman who wished to take the course would object to making a considerable sacrifice. I think every woman so far has paid her own expenses. Another point I wish to mention where I might have been misunderstood, and that is that I was not depreciating Teachers' College in recommending the state university. The Teachers' College means a great deal. My only thought was to make it possible for a greater number to get this most valuable training.

MISS L. L. DOCK.—There is so little known of the first inception of Teachers' College that I would like to refer a little bit to its early history. There are many who can remember the first days of it. I want to speak of two people, one who thought of it and one who carried it on. I had the great pleasure of being associated with Mrs. Robb when the Teachers' College course came into her mind. I saw it dawning in her eyes at breakfast; at dinner time it was nearing completion and at supper it was finished in all its details. We used to walk around the hall and see the classes grow and graduate and then follow them out into the world. I remember well how unselfish and how enthusiastic these two were over the proposition as to how there should be a higher education provided for women to fit themselves for higher posts of duty. Then I want to speak of Miss Alline who held it practically in her hands, and I want to say that Miss Alline practically gave her services during that period of great trials and difficulties and made it possible to work out what we have to-day.

MISS NURTING.—I do not think we would have had any Teachers' College course if it had not been for Miss Alline's patient and steadfast purpose. It was this determination to carry out Mrs. Robb's idea that led Miss Alline to take up the work. The idea is the training of the teachers. The preparation of the hospital superintendent has been less work, it has been more satisfactory, and we are all realizing that in connection with hospitals it is going to open the door wide so students from a registered college can work under the competent supervision of a nurse in an adjacent hospital. It opens a rich field for women who desire to qualify themselves for district nursing by affording them

an opportunity to take a course in social economics, an insight into simple, every-day matters, such as houses and living conditions, and those students who are taking that course are enthusiastic over the outlook, as are the teachers.

#### FRIDAY AFTERNOON SESSION

Letters of greeting were read by the secretary from Mrs. E. G. Fournier and from the National Woman's Christian Temperance Union, Department of Medical Temperance.

**THE PRESIDENT.**—It is gratifying and encouraging to receive greetings from important bodies working for the public good.

### STATE SOCIETIES THEIR ORGANIZATION, AND PLACE IN NURSING EDUCATION

By SOPHIA F. PALMER, R.N.

I SHALL spend no time in discussing the details of the early stages of our organizations, you are supposed to be familiar with them or you would not be here. I have prepared my paper with the idea that it will be simply a suggestion for this meeting and to promote discussion.

My subject covers the form and function of the state society, the fourth in the chain of five links of the constituent membership of this association. After the American Society of Superintendents of Training Schools, the alumnae associations, the national Associated Alumnae, we came to form state societies, for the definite and separate purpose of promoting legislation for state registration of nurses. Since entering upon the 20th century, there have been organized 33 of such societies; 24 have already secured legislative enactments, and all the other states will in time be successful.

What is to be the future of the state society after laws are well established and in successful operation?

First as to its form. Hardly more than two of these 33 state societies are organized on the same lines as to membership. In some, the membership is purely individual; in others, there is representation of alumnae or county societies, New York having all three. While the alumnae societies are practically all of one form, of the county societies we have those formed of individual members, which are largely a duplication of alumnae membership, and county societies composed of both individual and alumnae affiliations.

Such a jumble of form in the membership of these societies is not to be wondered at when we remember the pioneer work for which they were organized,—the protection and education of one class of women

workers, distinct from suffrage legislation and labor legislation. History has repeated itself in bringing splendid results out of crude methods, stimulated by earnest patriotic effort. We are now passing out of and beyond the pioneer period of our state work and as we look backward it is comparatively easy to choose from the best a form that can be applied to all the states, bringing them into greater uniformity, simplifying the administration, and making representation in our national association uniform. We may go outside our own profession, if we will, and profit by the experience of the American Medical Association, which society, after fifty years of ill-assorted membership, has outlined a form of constitution which it urges all its constituent members to adopt.

With the medical society, the county form of organization, based upon individual membership, is the unit of its official life. I question whether the time has come when the elimination of the alumnae association will be favorably considered by nurses. We cling to that because it is first of the local associations, because it possesses something of the hold upon us of home ties, but in the broadening of our work and in the greater range of our educational efforts it would seem to me that we are rapidly reaching the limitations of the alumnae form. In many places such a change would instil new life where a condition of inertia now exists.

In our large nursing centres where the alumnae association is the chief constituent in the state and national organization, there is an unwieldy duplication of work and expenditure of money which, if concentrated, would not only lighten the burden of labor but would bring together in closer personal relationship the nurses of the community. We have to concede that the child who stays always at home, the men and women who spend their lives in one environment, become narrow and selfish, while those who get out into the world and knock about with different people, under different conditions, accomplish more both for themselves and for society at large. Cannot we apply this principle to our nursing organization? We see the same women year after year in our national and state organizations, we know that hundreds of equally good women are staying at home, never getting outside of the alumnae circle.

My motive for recommending strongly at this time the use of the county form of organization is to bring these thousands of stay-at-homes out of their shells into a broader local touch, and then into the state societies which must become great post-graduate schools for the education of their hard-working members.

Even with the county society adopted as a unit, I doubt whether we have developed sufficiently to make so radical a change as to make the state societies the constituent members of our national organization. Here it would seem to me wise, after the adoption of the county, to continue for a time representation from the counties to the national according to their membership. By the development of such county societies uniformly over the country, we should bring into membership hundreds of isolated women who are now excluded from any part in organization life because they are at a distance from the point where they received their nursing education.

I do not recommend that the alumnae form be abandoned, but I would suggest that it serve a somewhat different purpose, that of friendly social relations between members who are together, and care, for the present, at least, of those incapacitated by sickness or old age, and the strictly educational side of the development of the school. In this last particular we have not yet received very much recognition, but I feel sure that will come as a matter of progress as it has in all the other professions.

In the county society there would be more strongly developed all of the educational and political interests which concern our organization life. The coming together of graduates of different schools to discuss questions of local, state, or national interest would be much more stimulating and it would be easier to maintain interest, in my opinion, than it is at the present time with our multiplicity of organizations.

We have a number of states organized on the county basis, delegates from which we have here to-day.

The continuation of the state societies is absolutely essential if only for the purpose of safeguarding the laws which they have been the means of securing. Every state should maintain a watch-dog policy towards the administration of those laws which pertain to nursing affairs. Without such a policy, their administration will deteriorate and their value be lost. What is everybody's business we know is nobody's business.

In the organization of state societies I would recommend the embodiment in the by-laws of certain limitations of terms of office. In fact, I think this would be a good policy to follow in our national organizations also, for not only should work be divided in turn, but the privileges and honors should be shared. It is a great privilege to attend a state or national convention as an officer and to have all of one's expenses paid, and, in my judgment, it should be impossible for such privileges to be held for more than two years by the same

person. This not only shares the labor, but it educates different groups of people in turn and stimulates all the members to greater activity and willingness in the home work, for election to state or national office should be a reward for home services. This principle applies to state boards of examination also.

I believe that the funds of an association should be used liberally for forwarding its work, that the expenses of all members of committees should be paid when attending to their work, and that committees should be distributed geographically and not be made up of members resident in any one section from motives of economy.

The fact that doing the work of a society, whether local, state, or national, serves as an educator to the individual should never be lost sight of when appointments are made. It should be not only what the individual can do for the society but what the society can do for her.

Already some of the state societies are following a line of procedure which is making them post-graduate schools for their members. By holding the state meetings in the different cities of the state in turn, scores of nurses who never attempt to attend the national convention and who cannot take time for post-graduate courses reap the educational benefits of such gatherings.

I would make the state meetings a three days' session,—the second day divided into sections, with a chairman and secretary for each, who should have been appointed at the beginning of the year and be entirely responsible for the section. To demonstrate: three groups could be arranged for each half day's meeting, superintendents, private nurses, and social workers in the morning, and boards of examiners, visiting nurses, and tuberculosis nurses in the afternoon. Each state would vary its subjects from year to year, but the advantage would be the meeting of workers in the same line, where discussion would be free and full, and the social side be quite as advantageous as the strictly educational. In fact, I would make the state society after the form that I believe the national association should be.

I should like to make right here a plea for simplicity of entertainment at such gatherings. Already we begin to hear from the busy women that they cannot afford to attend one or another of our conventions because in addition to travelling expenses they cannot afford to dress for them, and while I think this may be something of an exaggeration, I do not think a word of warning is out of place. There should be no entertainments given of such a kind that our humblest workers should not feel themselves suitably attired if they attend in their Sunday best. I would also eliminate expensive local entertaining that is prohibitive to the smaller cities.

The state meeting should be the place where the hospital workers come forth strongly and show new methods which are being developed within their walls, because we all know that it is in the hospitals that new devices originate and that new methods of treatment are developed. In the earlier days of our organization life we looked to the hospital workers for leadership. The earlier superintendents were our leaders not only in organization but in everything pertaining to education, but with the broadening of nursing education the younger hospital workers seem to be losing their sense of responsibility to the nurses in the field and to their profession.

It would seem to me that for a few years at least our state societies should turn their attention to thorough reorganization. In order to secure uniformity it would be well to follow the lines of the American Medical Association and appoint a committee from this association, composed, I would suggest, of one representative from each affiliated state, to draft a model for all of the states to follow. With the member of this committee as its chairman, each state should go thoroughly into the organization of its affiliated societies or form of membership. In several states this would entail very complete reorganization, in others practically no changes at all.

Any plan for the reorganization of the national societies should, in my judgment, begin with the local unit, working upward instead of downward, as was done when the Associated Alumnae was formed.

All of our pioneer organization work was done hastily and by inexperienced people. The results have been splendid, but reorganization should come about slowly, be carefully planned by a representative committee, and every detail carefully discussed and thoroughly understood by the affiliated bodies before adoption. It is not a work to be done in a year, but must cover a longer period of time in order to be thorough and to meet the needs, not so much of the nurses of to-day, but of those who are to follow directly in our footsteps.

Such a committee as I have referred to should be allowed a sum of money for necessary expenses, and such work would be much more effective if a field secretary or general organizer could be sent about the country in the way that Dr. McCormick has been acting for the American Medical Association.

Such a plan as I have outlined, while it may not meet with approval at once, or be carried out on the lines I have indicated, is becoming so great a need that, like state registration, when once the movement is started it will sweep over the country. Hardly any of our reform movements have received the unanimous endorsement of all nurses

when first suggested, so that if this plan lies dormant for a number of years it will, eventually, under another title and by a more able advocate, be brought forward again and carried into effect, as such a conglomeration of organizations as now exists must lead to confusion because of their economic extravagance and wastefulness of human energy.

MISS GENEVIEVE COOKE.—Reorganization is certainly a difficult question under the present circumstances for the national association, yet we all recognize that there is a decided necessity for reorganization. I think in order that the members of the executive committee and the board of directors may keep in touch with the affairs of the association, it points to the necessity for reorganization. While they meet seldom, there is a necessity for frequent meetings, but they are separated by such a great distance that the nearest are called in from one section to make a quorum and the others are unaware really of what has been done, and there is therefore a lack of stimulus in that way to continue interest. It seems to me a division of the country into sections might be helpful. This has been done in other states and by other organizations, which have divided states into sections, having representatives in those states directly connected with the council or board of directors, and their representative is responsible for the work in that section. In the remote parts of the country, for instance like the Pacific Coast, it seems advantageous for the organizations there to have their own states connected in organization work. They have arranged their constitution and by-laws so they are quite uniform and the work can thus go on in a more uniform manner. In Washington and California the state societies are organized on similar plans, the states divided into sections, and in each section there is what is termed a councillor, who is responsible for the district and for the work in that section of the state. Those in the metropolis meet monthly and the reports are sent to each councillor in the state. Any question that comes up can be brought up at the same meeting in the metropolis. Minutes of that meeting are sent out through the secretary, thus keeping each section in touch with the state work. These reports can be given to other societies in different sections, and it seems to me a similar plan might come up in our national work so that each state society and board of directors could report directly after a meeting of the board of directors the work that has come up, and the interests of the members of the states in the work of the national society through its directors could thereby be better maintained. In regard to the sectional meetings of the different sessions at the annual meeting of the national association. I can see a great deal of advantage to the special workers in having these meetings at the same time, and yet I would regret the necessity for such separate sessions. As an example, the three subjects which were discussed to-day and which are all in the field of special workers, yet have an interest for all the members, but with separate sessions members could attend only one; so this would be a disadvantage in general while it would be an advantage to the special workers.

Especially do I think that our state societies and national society should make provision for carrying on educational work in such a way that a field secretary might be maintained. The salary would more than be returned by

the increased interest in the work, and I think a great effort should be made for just such an officer, and also to provide for working officers in the national association as it stands to-day. I hope very much the subject of the salary of the secretary of the national association will be discussed this afternoon in discussing the subject of organization.

**THE PRESIDENT.**—This paper is now open for general discussion, and we are ready to hear suggestions in regard to our national association, suggestions that might be referred to the executive committee, who could refer them to a special committee to see to the details of reorganization. Our society has been growing up under the alumnae association. We had no state societies when our alumnae were first organized, and now we are admitting city and county associations and we want some better plan of affiliation, so that we can work upon a better basis. We want more suggestions from delegates as they are here to-day, and some opinions as to the present methods and how we can improve upon them.

**Miss Dock.**—I think we can take example from the German Nurses' Association. With fourteen hundred members the association supports four salaried officers who conduct the business from a central bureau. They are enabled to give their whole time to the business. They have a central business office at which they conduct their business and are thereby enabled to keep in touch with all the members of the association. Then I have to think of the English Nurses' National Association, which includes all the affiliated membership for international purposes, the city societies of registration, and a great number of leagues which correspond to our alumnae associations, the Society of Superintendents of Training Schools, and several similar societies. In regard to our own organization, it seems the logical trend of affairs was toward the union of state societies. I once argued against giving up our alumnae membership, because at that time we had no state laws and the alumnae upheld the standard of training; that was the only standard we had to work by. To-day we have state laws and good laws, and I think the idea of clinging to the alumnae association no longer holds good. In the future it must be our state laws which must set the standard, and while not always as good as we might wish, they would uphold the standard. We must in future look to a society composed of state organizations. I should like to see affiliated with that in membership our international council, and all the different societies for federation purposes. I should think, however, the worst calamity which could happen to this organization of nurses would be for the Superintendents' Society to lose its identity. I feel it is most important for our society that the Society of Superintendents of Training Schools should always retain its official identity as a separate organization. I think the suggestion has been made to have it merged with the national society on the ground of economy, having one secretary to do the work of the combined organizations. I quite feel that friendly relations should always be maintained, and from the standpoint of the international council of nurses, you see that in this country we must have one central group to represent our organizations because we cannot have more than one association in each country. If we did, we would fall into indescribable confusion, because we would get little groups on the field who would want to work by themselves. In the future I think our national association of nurses, consisting of state organizations, will have its work to do, and our superintendents' association has its special work to do. My idea has always been that in the International Council our American

group would comprise all these organizations. It seems clear that some of the confusion is arising from the fact that the Federation of Nurses appears to you as a separate society. That was not the original intention and I think in the future it could be easily avoided by not having the joint meeting with the federation called except at international periods, when we have to elect delegates to the international council. That would be often enough for the international group to meet. Trouble could be avoided by not putting any work that requires continuity of efforts, by keeping it in the nurses' association or the superintendents' association. Originally the joint meeting of the Federation with the other organizations was simply for the purpose of continuing the international federation.

MISS ELDREDGE.—While we are speaking on the subject of reorganization and while we are trying to fix a standard, I should like to call the attention of the nurses to a very small matter, perhaps, but one that will ultimately mean a great deal to us, and that is the standard of our state associations. It was called to my attention by the fact of a nurse, a graduate of a small hospital, taking the examination in one of the states having registration and passing the examination, but because of her having graduated from a small training school she was refused admission to her own state society. Her alumnae association is not large enough or the school is too small to carry graduates enough at the present time to form an alumnae association. As a consequence, this nurse, whose eligibility was decided by the best test, an examination, is unable in any way to associate with the alumnae. It seems to me in justice this organization should take notice of a case like this.

THE PRESIDENT.—This is a point we are very glad to have brought out. We must decide the standard of the eligibility to the national association if we begin to reorganize. At present eligibility to a full membership is given to members of the alumnae association and delegates. When these laws were framed, we had no state registration laws and no state societies, and we have to consider very carefully whether we shall accept the standards of the state, or whether we shall define a law of our own to cover that point.

MISS NUTTING.—To bring this matter to an issue, may I move that a committee be appointed of the council and the Associated Alumnae to consider this matter of reorganization and present a report next year? May I say also that as president of the Federation for many years I have met and faced the conclusion in the minds of a good many people as to whether it was a separate society. To remove this impression and place the matter on a definite basis, I wish to move the appointment of a committee as suggested to report next year.

The motion prevailed unanimously.

THE PRESIDENT.—Now it is the business of the associations affiliated and the associations in full membership to study out very carefully some plan which they can present to this committee to consider. Some time will probably be announced when these suggestions may come to the committee. The suggestion of the executive committee was given to you yesterday morning regarding the taking up of the note for JOURNAL stock. The executive committee recommends that the three notes be paid and that the rest of the stock be purchased outright.

On motion of Miss Bishop it was decided to pay the three notes and purchase the outstanding stock.

THE PRESIDENT.—Now, are there any plans to be placed before the association with regard to the purchase outright of the stock?

MISS PALMER.—Madam President, it will be nine years the first of October since we put out the first number of our JOURNAL, and during that time we have been trying in various ways to evolve some plan by which we could take over the ownership or financial management of the JOURNAL bodily. There is some confusion in the minds of the younger women, particularly, as to why we ever had a separate JOURNAL company. We thought of the JOURNAL a good many years before we were able to establish it. We were unable to establish it before we had money to do so. We came together in groups like this and discussed the matter and offered suggestions, but we were afraid to undertake the financial burden necessary to establish a magazine. Finally, to cut the story as short as possible, a group of members discussing the matter, just as we are doing here to-day, suggested a plan and, under the leadership of Miss Davis as chairman of the committee, agreed to provide the money to make a beginning. I will mention the names of these women. There was no organization, no guarantee that we would ever see that money again, and all agreed that if it was lost it would be in the cause of nursing education, and that no one would blame the other. These women were Miss Davis, Miss Richards, Miss Nutting, Mrs. Robb, Miss Dock, Miss Palmer, Miss Brennan, Miss McIsaac, Miss Dolliver, Miss Allerton, and Miss Nevins. You know them all. A year or two after the JOURNAL was started it became necessary, in order to carry on the business of the JOURNAL, that these people should form a corporation, organize into a company. We were doing business in a loose way, and our business was developing and spreading and reaching out in many directions, and in order to have a standing among business people we had to form a corporation. That is how the AMERICAN JOURNAL OF NURSING COMPANY came into existence. The stock was taken up at the request of those individual members by the alumnae associations, with the plan definitely submitted, and with the understanding that the stock would be bought from the individuals and from the associations by the Associated Alumnae. Now we have been in existence nine years, and we have turned this matter over and over and have had plans submitted every year, yet we have come to no definite conclusion as to how the Associated Alumnae is to redeem its pledge to its founders and acquire the ownership of the JOURNAL. In the meantime we have developed, we have become rich, so to speak. We have become so rich that we can give away money to other charitable and educational purposes. That was right for us to do, because our own JOURNAL was being taken care of by people in whom we had confidence, but it is a constant handicap and is creating some degree of discord in some directions because the matter is not understood. The stockholders have offered it to you many times and would be glad to have you take it over if you will. We have given away \$5000 in the last two years and have not felt it the least bit. The plan I have to propose is so simple that I am almost ashamed to submit it. We need to have \$7000. We have some 14,000 or 15,000 individual nurses affiliated in the different organizations which make the constituent membership of this society. If we could prevail upon these 14,000 individual members, each one to contribute 50 cents to the JOURNAL fund, the thing would be done. It seems to me just as easy as rolling off a log, and we can do it, all that is necessary is to undertake it. If each

one who is here as a delegate, when she goes back will urge upon her society the necessity of individual members contributing 50 cents towards the purchase of the remainder of the JOURNAL stock, I believe the plan can be carried out, and if there is a deficit, it can be made up from the treasury, for those who are either too stingy or too poor to pay their share. This is all I have to say.

MISS JOHNSON.—On behalf of the California Hospital alumnae association, I wish to make this motion, that this plan be adopted, that every delegate upon her return home pledge her organization to pay 50 cents for each individual member.

The motion prevailed unanimously.

MISS McMILLAN.—It seems to me a motion might be in order to have a vote of appreciation tendered to those nurses whose names Miss Palmer read and whom we all honor, and I wish to move a vote of thanks and appreciation to those members, to those women who have so long and faithfully carried on this work; we want to show our appreciation in some way.

The motion was seconded by Mrs. Tice and, being voted upon, prevailed unanimously amidst applause, the delegates rising to their feet.

MISS PALMER.—If I may represent the women on that roll of honor, I would like to say that however appreciative we are of the honor you are giving us, we would just at this time rather have the hard cash.

MRS. A. R. COLVIN.—I have been in a position to know the editors of the JOURNAL and I am opposed to the Associated Alumnae taking over the control because I do not believe they are as capable of giving us as good a paper as the JOURNAL company has done. The only object I have is to represent the nurses at large. We in the West do feel that although it will belong to us we shall not be represented as we have been. We feel we have a great interest in the JOURNAL and we have great confidence in the JOURNAL company.

The president explained there were one hundred shares issued and sold long ago. The Associated Alumnae has taken twenty-nine shares, and during the last year six shares were purchased and notes given therefor. The Superintendents' Society has two shares. The JOURNAL, if it were issued by the national society, would belong as much to one state as to another, just as much as it does now, because we are all affiliated with the national body. Miss Palmer has explained the old idea of ownership. The present idea is to have delegates go home and try to awaken interest in their associations and strive to have pledges made to purchase all the stock. If there are any here now who would like to make pledges for their associations we would be glad to receive them. I remember at the Richmond meeting I made a pledge of \$500 for our association to the Hospital Economics Endowment, and when I arrived home I was almost afraid to tell them what I had done; I was afraid I would have to pay it out of my district nurse's salary. I think our alumnae association has given \$650 so far.

MISS GOODRICH.—They have paid more than Miss Damer pledged.

THE PARMENT.—It has been suggested that if there are any individual owners of shares willing to give their shares as a gift we shall be glad to receive them.

The following pledges were made:

|                                       |          |
|---------------------------------------|----------|
| California Hospital Alumnae .....     | \$100.00 |
| West Virginia State Association ..... | 50.00    |
| Michael Reese Alumnae .....           | 55.00    |

|   |                    |
|---|--------------------|
| New Hampshire State Association                 | 50.00              |
| San Francisco County Association                | 100.00             |
| Johns Hopkins Alumnae                           | One share of stock |
| New York Alumnae                                | 200.00             |
| King's County Alumnae                           | 50.00              |
| Texas State Association                         | 75.00              |
| Nebraska State Association                      | 50.00              |
| Brooklyn Hospital Alumnae                       | 100.00             |
| St. Luke's Alumnae, Chicago                     | One share of stock |
| Missouri State Association                      | 50.00              |
| Illinois State Association                      | 100.00             |
| Iowa State Association                          | 50.00              |
| Old Dominion Hospital Alumnae                   | 30.00              |
| Spokane County Graduate Nurses' Association     | 50.00              |
| French Hospital, San Francisco                  | 25.00              |
| Lakeside Alumnae, Cleveland                     | 50.00              |
| Methodist Episcopal Alumnae, Brooklyn           | 30.00              |
| Minnesota State Association                     | 50.00              |
| City and County Alumnae, St. Paul               | 25.00              |
| Asbury M. E. Hospital Alumnae, Minneapolis      | 25.00              |
| Roosevelt Alumnae, New York                     | 60.00              |
| Homeopathic Alumnae, Washington, D. C.          | 25.00              |
| Graduate Nurses' Association of Pennsylvania    | 100.00             |
| Maryland State Nurses' Association              | 25.00              |
| Garfield Memorial Alumnae                       | 25.00              |
| Homeopathic Alumnae of Brooklyn                 | 25.00              |
| Post-Graduate Alumnae of New York               | 75.00              |
| John Norton Memorial Alumnae                    | 25.00              |
| Georgia State Nurses' Association               | 50.00              |
| California State Association                    | 100.00             |
| Graduate Nurses' Association of Ohio            | 25.00              |
| Graduate Nurses' Association of Cleveland       | 25.00              |
| Boston City Alumnae                             | 50.00              |
| Indiana State Association                       | 25.00              |
| Oregon State Association                        | 50.00              |
| Massachusetts State Association                 | 100.00             |
| Wisconsin Nurses                                | 25.00              |
| Battle Creek Alumnae                            | 50.00              |
| Wesley Alumnae, Chicago                         | 25.00              |
| Mercy Hospital Alumnae, Chicago                 | 50.00              |
| St. Barnabas Alumnae, Minneapolis               | 25.00              |
| Bellevue Alumnae                                | 200.00             |
| Graduate Nurses' Association of Lafayette, Ind. | 25.00              |
| Monroe County Association, Rochester, N. Y.     | 25.00              |
| Hope Hospital Alumnae                           | 15.00              |
| St. Mary's Hospital graduates, Minneapolis      | 15.00              |
| Pasadena Alumnae                                | 20.00              |
| St. Luke's Alumnae, St. Paul                    | 15.00              |
| Hartford Alumnae                                | 25.00              |

|                                      |       |
|--------------------------------------|-------|
| St. Joseph's Alumnae, St. Paul ..... | 25.00 |
| Maine General Alumnae .....          | 25.00 |
| Miss Genevieve Cooke .....           | 5.00  |
| Miss Minnie Ahrens .....             | 2.00  |
| Five members (cash) .....            | 2.50  |
| Miss Jane Delano .....               | 25.00 |
| Miss L. L. Dock .....                | 25.00 |
| Miss Annie Goodrich .....            | 25.00 |
| Miss Anna Davids .....               | 5.00  |
| Miss Elizabeth Steele .....          | 5.00  |
| Mrs. E. Baldwin Lockwood .....       | 5.00  |
| Miss Florence Bishop .....           | 5.00  |
| Miss B. Gardner .....                | 10.00 |
| Miss E. Ellis .....                  | 5.00  |
| Miss Georgia M. Nevins .....         | 25.00 |
| Miss Ellen Robinson .....            | 25.00 |
| Miss Helena McMillan .....           | 25.00 |
| Miss Eugenia Ayres .....             | 25.00 |
| Miss Mary Gladwin .....              | 25.00 |
| Miss Elizabeth Sherman .....         | 5.00  |
| Miss Lucy Sharpe .....               | 5.00  |
| Miss Mary E. Lent .....              | 5.00  |
| Miss Florence E. Thompson .....      | 10.00 |
| Miss Elizabeth Hanson .....          | 5.00  |
| Miss Emily Courier .....             | 5.00  |
| Mrs. M. E. Moyer .....               | 10.00 |

A silver collection was taken which amounted to \$73. total, \$3027.

## THE ORGANIZATION OF DISTRICT WORK

By MARY E. LENT, R.N.,

Superintendent Instructive Visiting Nurse Association of Baltimore.

IN organizing a system of district nursing in a city in which such an association does not exist, certain things are to be considered, chief of which are the public, the physician, the patient, and the nurse herself, together with such connecting links as may be necessary. These we will consider separately, since it is upon the proper relation of each, together with understanding and co-operation, that the success of the work will depend.

THE PUBLIC.—Let us suppose that a certain community wishes to provide itself with a district nurse. The movement has probably originated within one group of people—a church, a woman's club, or a benevolent association of some kind. Let us say, for example, that it is a church, and that the nurse is wanted to care for the poor of a certain parish. It is quite natural, therefore, that the parish that under-

takes to support this nurse should wish to limit her service entirely to its own parishioners. But the service of the nurse is public service, and in spite of herself the nurse is a public servant, and as such her work must extend further than the bounds originally set. For example, she is caring for a typhoid in a house, duly a parishioner's. The doctor is pleased with her work, and the patient and his family are equally satisfied—and through one or the other side she is called to another urgent case, but this time outside the fold. It is at this point that the work should or must broaden out. A nurse cannot or should not be obliged to confine her services to one set of people, to one geographical area or limited range of activity. The limit of her usefulness should be natural, not artificial. She should be free to respond to calls from all sources, and the only reason for refusing a call should be because her day is absolutely too full to take on one more case. If, therefore, a certain set of people undertakes to support a district nurse, they should not confine her work but should extend it right and left. They should *interest the public* in the new venture. They should interest all the influential people in the community and explain to them what the work stands for, and ask, not for money, but for interest and co-operation. If, for instance, a church is supporting a nurse, the people of all the other churches should be told of this, "We are supporting a nurse to visit the sick poor—have you any cases in *your* parish that you wish visited?" Interest everybody in this way—do not omit nor antagonize a single individual or group of people. *At the point at which the nurse's hands become too full, some one else will come forward and support another nurse.* It is all a matter of judicious advertising and satisfactory work. Nothing so appeals to the public as the relief and comfort that is brought about by a district nurse, and if public interest can be aroused and the necessity for more workers shown, money will be readily forthcoming for another nurse. At this point, however, one of two things must happen. Either we have two nurses supported by two different sets of people, working as rivals in the same field, or else we have the nucleus of the visiting nurse association. The former condition of affairs should be avoided at all cost, and every effort be made to form the work into a whole, under one system and one head. Each side should make concessions,—should concede certain points, forego and forebear,—should use every possible means to bring about the one absolute necessity for effective work, concentration and co-ordination. To illustrate the former condition: there is a certain town of not more than fifty thousand inhabitants, in which three district nurses are at work, all supported by different associations.

There is nothing but overlapping, duplicating, and interfering with each other's work—all are rivals, instead of one compact, efficient whole. It began in just this way: recognition of the good work of the first nurse, yet when it came to supporting other nurses, petty jealousies and disagreements on the part of those willing to support them led to disorganization instead of organization. The result is wasteful and ineffectual effort, through which the patients suffer.

Let a district nursing association, therefore, be formed as soon as possible, even at the sacrifice of what each side considers the essentials. The Board of Directors should be a mixed Board, composed of men and women, which will give a broader outlook than if one sex alone is represented. Each society or group of people may support in its own name as many nurses as it likes, but the nurses should all work under the direction and control of the visiting nurse association, and be subject to the rules and regulations of that institution.

**THE PHYSICIAN.**—The cordial co-operation of the physician is absolutely necessary if the work is to be successful, since the rules of a district nurse association always provide that the nursing care and attention given a patient shall be under the direction of a physician.

Unfortunately, in beginning new work in a community, the attitude of the doctors towards it is often one of distrust, if not actual hostility. This is especially so among the poorer physicians, who foresee in the nurse a rival, or at best a spy, and such suspicions are often hard to overcome. I think this prejudice is one common to every visiting nurse association at the outset of its career. We encountered this feeling in Baltimore fifteen years ago when the work first began, and I think it is the usual experience in all work of this character. It disappears, of course, as soon as the physician realizes how the nurse is able to help him in his work—when he realizes that she is not a rival, but a most valuable assistant in his success. Therefore, to insure to the new work as small a handicap as possible in this direction, every doctor in the community should be visited beforehand, and the object and nature of the work should be carefully explained to him. This visiting should be done by members of the Board, and especially by the nurse herself. Misunderstandings will thus be avoided at the outset and in this way much valuable time will be saved. If the patient is to be well taken care of, the nurse and the doctor must work closely together, in confidence and understanding. The nurse should not criticize the physician, nor in any way cause him to feel that she is undermining his influence, or prejudicing the patient against him. More can be accomplished in the end by working *with* a man than *against* him.

and to-day in Baltimore some of our stanchest friends are those doctors who in the beginning were most bitterly opposed to the coming of the district nurse. The question as to how far a nurse should be loyal to an incompetent physician is not to be discussed in this paper. Certainly until the position of the new association is assured, it is better to overlook many things than to jeopardize the success of a work which has for its ultimate object the well-being of the sick poor.

**THE PATIENT.**—It is not altogether likely that the first calls will come from a physician—on the contrary they will probably be given by some member of the association, some interested friend of the society, or “benevolent individual.” If the patient has no doctor, the nurse should call one in. If he has, she should try to see him personally, explain that she was called to the case, and ask for any orders or directions that he wishes carried out. The best advertisement comes through a pleased patient and satisfied family, and good news travels fast. Contagious cases should not be visited, unless there is a special nurse for that class of cases alone. Otherwise, the nurse is more than likely to carry the infection to her other patients, and it is not fair to them, since, coming as she does into close personal contact with her patients, she is far more likely than the doctor to carry the disease from house to house. It is possible, however, to go to the doorsteps of a house and give very careful instructions to some member of the patient's family, to see whether the family is in want, and to accomplish much by way of advice if not by actual service. As for obstetrics, unless there is a special nurse for such work, it is not possible for the district nurse to attend cases during confinement. It means that her other patients would have to be neglected, which should not be done. This also applies to operations in the home, unless the district is so light that the nurse is able to spare the time.

If possible the patient should always be made to pay a small fee,—ten cents at least, the nurse's care fare,—though of course numerous exceptions will have to be made. This preserves or promotes the patient's self-respect, and removes the stigma of being a “charity case.” Moreover, if the patient is paying the doctor for each visit, it is bad policy to pass over the nurse's services as of no worth. People value what they pay for. They will grudge a ten cent piece to the nurse, yet willingly spend a dollar for patent medicine peddled at the door. To the ignorant and poor the difference in price is the difference in worth, and except in the poorest homes it is well to insist upon the fee. Moreover, as one becomes familiar with the pennies spent for candy and the other petty wastefulness of the poor, to say nothing of the money spent for

drink, the nurse will realize that in demanding her small fee she is giving perhaps a first lesson in economy and self-control.

**CO-OPERATION WITH OTHER AGENCIES.**—The nurse should never give money or material relief of any sort to her patients. It would be a mistake for her to become known as a relief-giving agent. If a family is in distress, the nurse should call upon the proper agency at once, and she should have at her finger ends a list of all the societies from which relief is obtainable, and know to which to refer her cases. She should, however, call upon these agencies wisely, not indiscriminately, and it is this knowledge that is often so difficult for the new nurse to obtain. To the beginner, *all* cases seem poverty stricken. Experience in the homes, however, soon brings with it recognition of degrees and grades of poverty, from that caused by utter shiftlessness up to temporary straits resulting from illness. An increased understanding of human nature likewise adds discrimination. The nurse should be on friendly terms with the agents of all the charitable associations,—she should know something about the work of each, and at what point their work bears upon or supplements her own. She should call upon them freely, but should recognize their boundary lines as well as hers. Close co-operation, not interference, is the secret of obtaining the greatest good for the families under her charge. She should be able to diagnose the needs of her people, moral and material, and should call upon the playground, the settlement, the fresh air farm, as well as the charity organization for such assistance as they require.

**LOAN CLOSERS.**—While it is absolutely unwise for a nurse to identify herself in any way as a giver of material relief, she should have at her disposal a well stocked loan closet from which nursing appliances may be loaned to the patients under her charge. These supplies consist of bedpans, rubber rings, rubber sheets, ice caps, hot water bags and the like, as well as sheets, pillow cases, nightgowns, blankets and so forth. Each article should be distinctly marked, and the nurse should see to it that they are returned promptly when no longer needed. Loss and breakage constantly occur, and recruiting this loan closet may well be made a subject of interest to the kindly disposed. To send a pair of sheets for the use of a typhoid patient is something definite, whereas the giver of a dollar has but a vague idea, if any, as to how his dollar may be spent. After all, people like to know how, and in what way, they are helping a cause. Never refuse a donation of any sort, no matter how inappropriate it may seem. Sooner or later it can always be used and it is never well to discourage would-be givers.

**THE NURSE.**—So far the nurse has been taken for granted, but

now we must consider her and such things as pertain to her—personality, temperament, hours on duty, salary, and so forth. In the first place it is a long cry between being a good nurse and being a good *district* nurse. The two are not in the least synonymous, and while a good nurse may be and often is a good district nurse, it does not follow, as the night the day. In organizing district work, it is most essential to place an experienced district nurse in the field. It is a profound mistake to begin the new work with a totally inexperienced woman, however capable she may be as a professional nurse. So many mistakes are made, so much time wasted, so many antagonisms created that it may take months or years to overcome them, a handicap that no new work can afford to assume. It is not alone a question of proper surgical technic, nor how to give a typhoid sponge,—in fact it sometimes seems as if these requirements were far down in the list of the things necessary to make a good district nurse. I have in mind a certain small town that wanted to get a district nurse *at once*. Never having had one before, they could not tolerate an instant's delay—to wait a few weeks to secure the right person was absolutely out of the question. None of the right sort being immediately forthcoming, and eagerness to begin the work being at fever heat, they found a nurse for themselves and set her to work. She was a good nurse too—her hospital experience had been excellent, in private duty she had been a success, but her knowledge of district work was nil. She was unskilled in dealing with people in their homes, knew nothing of social problems, nor of the complications of the wheels within wheels of our social fabric, therefore she soon had the whole place by the ears. At the end of six months she gave it up, but she left behind her a whole community so bitter and prejudiced that the very mention of "district nurse" calls forth a storm of abuse of the entire system. This perhaps is an extreme instance, yet in a modified degree it exists wherever an incompetent, untrained woman is put in charge of work she knows nothing about. We should rightly condemn a nurse totally inexperienced in institutional work for attempting to take charge of an institution, and we should condemn the judgment of those who put her there, yet every day nurses are "beginning" district work who have had no experience whatever in the field. It would be better to wait six months or a year until the right person is found than to start the work with the wrong one. Schools for the training of district nurses will help to solve this difficulty.

**HOURS.**—No nurse should remain on duty for more than eight hours a day. From nine to five, with an hour off for lunch, constitutes a good day's work. Of course there will be many exceptions to this, as

the districts will often be so heavy that the nurse will be obliged to work longer, but it is well to recognize that such work is overtime, and that a policy that permits it is short sighted. A valuable woman, who has become so by reason of her experience and familiarity with local conditions, is often broken down by overwork just at the time when her usefulness is greatest. One-half day a week and Sundays free should also be in the bond, although of course emergencies will arise. There should be *no night work*. A system that permits a tired nurse to answer calls at night after a hard day's work is both brutal and stupid. *No exceptions* to this rule should ever be made. It is often hard for a nurse to refuse such calls, but she can always say that it is a rule of the association, and the directors or committee should stand firmly behind her in this refusal.

**SALARY.**—The usual salary is about seventy-five dollars a month, or its equivalent if board, lodging, laundry, car fare, and supplies are provided. This will vary in different sections of the country as the standards of living vary, but a nurse should clear at least forty dollars a month, otherwise it will be hard to find a good nurse willing to continue the work for any length of time. The reason we have such difficulty in recruiting our ranks, and have to deal with a constantly shifting personnel is because district nurses are paid such small salaries. Just as a nurse becomes experienced and hence most valuable to the work and the community, she has to pass on to some other, perhaps less congenial, but better paid branch of the nursing profession. We can attract but we cannot always obtain or retain the class of women we should like to have, because the pay is so much smaller than that of other kinds of nursing work. District work is hard and wearing, and in order to get the right sort of women we should be able to pay them better.

**THE SOCIAL WORKER.**—I have said before that a good nurse was not always a good district nurse. That is because something else is required than professional skill alone. It requires a broad outlook on society as a whole and an intimate knowledge of social and economic conditions. A course in one of the schools in philanthropy is a valuable asset, or else its equivalent in reading and first-hand experience. Unless, however, one has a mind capable of such an outlook, the work of the district nurse will sink to a dull routine of hard work, unsustained by the "vision." It requires, in other words, a different type of woman entirely. Many good district nurses become so by long experience, but one must have the vision to become really efficient. Our work is not merely nursing. It is understanding of the social web, and knowledge

of the forces at work within it. We must recognize all the points of contact between our work and all other work for social betterment, and we must realize that no one phase of social activity can progress beyond all the rest, since all alike are interwoven and dependent upon each other in the great scheme of progressive betterment. It is the ability to see and to grasp the significance of all this that constitutes the difference between the mediocre and the successful district nurse.

MISS DOCK.—I would like to tell a story that illustrates a point made in the paper. One of our nurses had a case of smallpox which she recognized, but the young doctor in charge did not and for fourteen hours she tried all sorts of ways to have him recognize the case, and she asked him if it should not be reported to the board of health, and he said it should not. We have close relations with the board of health, and she telephoned up town just as you do to your friends. So at the end of a day, or a very long time anyway, she telephoned up to the board of health and asked some one to come down. They sent some one down and found it was smallpox. They gave the young doctor a dreadful raking over because he did not recognize it and they gave her a raking because she did not report the young doctor. He would not let her report it and she did not report it and so they got it all round.

MISS ALLINE.—In some of the smaller towns they want to start district work and don't know how to go at it. How can it be presented to them in the proper way?

MISS GOODRICH.—I would like to ask how a fitting preparation can be given?

MISS LENT.—I suggest you send a district nurse. Just along that line I have an idea. It seems to me that in one of our central cities we might ask one of our experienced superintendents to undertake to give one small district to the training of a head nurse for district work. Of course they must give the social work too. That is a plan that ought to be worked out. We are getting to it. Charity workers are putting nurses in the field who are not socially trained and it is not justifiable. We are going to lose our power in social and district work if we do not arrange very soon to give our district nurses social training before they come into actual active duty.

MISS PALMER.—How did you get your own training in district work?

MISS LENT.—I was trained in Baltimore under a nurse who started there five years ago. She had spent some time in England looking up the work there. Three years' experience did fit me for the work but I am learning every day.

MISS DOCK.—How is the school in Boston succeeding?

MISS GARDNER.—I think it is getting on very well, but they cannot take all the nurses they want to. I always suggested that every nurse should take the course, but it is so long it is impossible to wait and so she starts in without that training.

MISS ARRENS.—That training I am giving to my nurses. I do not feel that that prepares a nurse for district nursing. It gives her an insight into the work and gives her a broader viewpoint, but it does not make a skilled district nurse of her by any manner of means.

**Mrs. ROBB.**—We are trying to work up a general course of training and then proceed to tack on all these things in place of the general training school.

**Miss LENT.**—If you have a nurse to put on the work, that nurse when she starts in first starts with district work and from that she goes to the various branches. Many people think it is the same thing. The training of district nurses in dispensaries is worked out in the same way. There is a system of district nursing in which cards are kept in the district nurse's office.

**Miss PATERSON.**—In a great many instances the nurse has to learn these things herself. They have to come to her during her work. She cannot refuse this knowledge, she has to have stability, she has to be fitted for this kind of work, but it is through reading and close co-operation with charitable bodies that this knowledge comes to the nurse in the district field.

**Miss GARDNER.**—I think there is a tremendous field for well-trained nurses. I have from ten to twenty letters a month asking for district nurses. They offer a small salary at first, but after awhile they would give anything on earth for a specialist district nurse.

**Miss HOLMES.**—I think it was Mrs. Robb who said this training was out of place in training-school work. I do not agree with that. I think if a nurse during her training can get a little insight into visiting work it will open up a great field for nurses who possess fitness for that work. A little bit of it is better than nothing at all, and if a nurse has a leaning toward that kind of work she will go on with it and we will get good nurses by that method which we would not otherwise.

**Miss DOCK.**—I would like to tell about a book Miss Waters is about to bring out. It will be a compendium of all the district nursing work in the United States. It is complete so far as ingenuity has been able to make it so. She will give the plan of organization, the number of workers, the way the work is systematized and carried on, what salaries are paid, the hours, and various other things and little details about all the district nursing associations in the country. She began some years ago and has perfected it, and it will be one of the most valuable books on the subject. She also shows up the tuberculosis work in the country. She also takes up the public school question, such as the open-air schools, of which they have an example in Providence, and all the things of that kind of which she has been able to gain knowledge. It will cost a dollar or a dollar and a half. It will be published by Stoddard & Force, and orders should be sent to them at 105 E. Twenty-second street, New York City.

**Miss GOODRICH.**—It seems to me that, now the body of district nurses has grown to such proportions, it would be practicable to establish a course. We had a small fund with which we decided to establish a tuberculosis scholarship, and when we came to determine how the woman could be given the instruction we decided she would require some such course as we offer at the School of Philanthropy, also a preparation given at Teachers' College. We thought these courses would be needed. We felt also that a woman should spend some time in dispensaries, also on the boats and in the day camps. It should be urged that she fit herself to become a teacher of those who are to follow. There is a continual demand for women who are properly equipped. It is very desirable that women take such a course in different cities in order to be ready to receive pupils.

MISS PALMER.—Has a woman already been selected?

MISS GOODRICH.—No, but one or two have applied.

MISS HOPKINS.—We have here the problem of securing district nurses. I think it is a new phase of our nurses' work and I feel that it is difficult for the woman without the proper temperament to start out in district work. I know in my own experience I am sometimes discouraged in the nature of women who make application. They may be good nurses, but they lack other qualities. It is a matter not so much of training, but, as Miss Paterson says, a special training and being able in a few months to recognize conditions. Each city has its own problem according to itself. Sometimes it is more the problem of not having the right type of woman who applies for this position of visiting nurse than anything else. I would like to hear something from the nurses present on the question of salaries of visiting nurses. In Milwaukee we pay a little more than most city associations, we pay nurses the first three months \$60, and \$70 after that.

MISS ALLINE.—Let Miss Lent tell us what she thinks of the work under the Associated Charities, whether she thinks the work can be done as well under that association as by an independent association.

MISS LENT.—I have had no experience myself. The question came up several years ago, and I believe there was a great discussion at one of the national conferences, and it might be interesting for you to know what Mr. John N. Glenn said at that time. I talked the whole matter thoroughly over with him. He also wrote a letter afterwards in which he said in his opinion the district nurses should work under a distinctly separate board. That the thing was too big, that the board of directors of the district nurses' association should be entirely separate from the board of directors of the charity organization. He felt that the charity organization had all it could do to take care of the social side of training its agents and looking after them properly. Of course, we take Mr. Glenn's opinion in a great many things, and if the district nurses were under an entirely separate board they, of course, would be a very close corporation. You know any district association or any number of nurses who have worked under a charity organization have given us some remarkable work. I do not know many that employ district nurses. Perhaps there are some here who could tell us how they feel about it. I feel very ignorant on the subject because I have not read their reports. I think St. Paul and Minneapolis have plans if they have not already carried them out. We would like to hear what their experience has been.

MISS PATERSON.—In the Minneapolis association we have our work in connection with the Associated Charities. One thing we have found difficult in connection with this work. We get calls from all sorts of people, and often when we go into a home the minute they find we are connected with the Associated Charities they say they do not wish to have us nurse them. If you are a separate body it is different, but as a general thing they do not wish the nurses of a charity organization. They do not consider a nurse in the same light as if she is from the Associated Charities. It is an advantage to come in contact with their agents and have an opportunity of learning from them. I worked for an organization in Chicago a number of years, and I feel that the visiting work of nurses can be done in co-operation with the organization, and I should want to work very closely with the charitable organization.

**MISS LOTT.**—These problems come up everywhere. During the month of May we had this problem to solve. I have been in my work for four years. I had no district training. I did not intend to follow it but took it up temporarily at first. I did the best I could. In district work it takes training along social lines; it gives a nurse confidence in herself. I have not had that social training, but I am glad to know there is a prospect of a school being established to do that work. The work in Colorado Springs has been carried out by the Episcopal Church and a salary of \$50 has been paid the nurse. They have maintained a nurse for eight or nine years. Just recently a lady who contributed \$600 a year found it necessary to withdraw her support on account of removal and it became necessary to put the work on a broader basis. It became necessary to determine whether it should be placed with the Associated Charities or whether it should be done alone. It was found advisable in Colorado Springs to have a separate organization, for the reason that there are so many charity patients coming to Colorado Springs from all over the country, and while they may have means at first, they find their health is not restored by change of climate and their means are soon gone, and it would be very embarrassing to the majority of them to be placed in the position of being assisted by the Associated Charities, so the work is organized as a separate association, although we are closely associated with the Associated Charities.

On motion of Miss Cooke, because of lack of time, two papers whose writers were not present were read by title only, and ordered printed in the JOURNAL.

## HOW CAN WE PROVIDE SKILLED NURSING FOR PEOPLE OF MODERATE MEANS?

By LINA LIGHTBOURN, R.N.

Trustee in Charge, Hospital of the Good Shepherd, Syracuse, N. Y.

THE subject of this paper, which may truthfully be called a threadbare one, has been discussed at many important gatherings of our profession by those who have given much valuable time and thought to the question, but the problem remains unsolved and, I regret to say, will be as far from being solved after this paper is read as it was before. In fact it is with many apologies that I introduce the subject at all, fearing that you may become as puzzled as the man who fell asleep while receiving a curtain lecture from his wife. Upon waking up and still hearing her voice he inquired, "My dear, are you talking again or are you talking yet?"

It seems most appropriate that yours, above all other organizations, should deal with this subject, because your body is largely composed of the nurses whose services would be involved could we fathom the difficulty of how to give lower rates to the people of moderate means.

Having had, previous to my institutional career, several years of experience as a nurse on private duty, I am familiar with many situa-

tions, which arise, that prohibit a nurse from using a sliding scale of prices. For a nurse to try to estimate the ability of the patient to pay full price or under price for her services places her at a serious disadvantage. While the patient or the patient's family would unhesitatingly expose his or its financial condition to the doctor, if the nurse attempted any probing of the situation whatever there would be instant resentment. We are all acquainted with the specimens of humanity who dwell in "marble halls" and indulge in all kinds of pleasure-seeking, etc., who would not blush to accept a reduced rate from a nurse, and, in many cases, demand it.

If a nurse is a conscientious one and does her duty faithfully day and night, she earns her full pay. Where can any other wage-earner be found who gives sixteen and eighteen hours of labor, and frequently more, for a day's pay? I would remind you that I am referring to the conscientious nurse who faithfully performs all of her duties.

The work of the nurse is a great physical strain, thereby shortening the period of life in which she possesses physical ability to earn her living. The *income* she receives during her years of usefulness is variable and uncertain. Some of her living *expenses* are not uncertain, a few are variable. We all know that in dealing with the public we are open to criticism from which we have no opportunity to defend ourselves. A nurse who can afford it, charging a patient \$12 or \$15 per week because she feels sure the patient cannot pay more, paves the way for unjust and ill-natured criticism for the nurse who, at some future time, succeeds her in the service of this particular family when the full charge must be made because the latter nurse cannot afford to do otherwise. Again, if a nurse accommodates a patient by reducing her price, human nature is such that the patient will see no reason why she could not take care of *her* sister, *her* cousin, or *her* aunt, at the same reasonable figure. I would not like to leave the impression that I think nurses have nothing to give and are under no obligation whatever to give and give generously. Their time is theirs to give but their rates are not individual property. The Divine command "Be merciful after thy power. If thou hast much, give plenteously; if thou hast little, do thy diligence gladly to give of that little" was said as well to nurses as to others.

Giving must be a matter of conscience. No commands, however sacred, or legislation, however reasonable, can govern or regulate private charity. Frequently members of the medical profession have been heard to argue, why should not nurses give a portion of their time the same as doctors are continually doing? Do they stop to think

that if a nurse gives her time, her earning power ceases? If she gives time at all, it must invariably be, from the nature of her work, twenty-four hours at least and possibly, to do any good, it may extend over one week or more. Where is the physician who gives up the whole twenty-four hours of the day or one whole week, with absolutely no opportunity to earn even a few cents during that time? This perhaps seems like a deviation from the subject, since it is not charity we are speaking of but lower rates to people of moderate means.

Who are people of moderate means? Who has defined the income which should constitute this class of people? We are to suppose from the trend of argument this subject has always produced that they are people who are highly respectable, honorable, honest, have well-kept homes, but nothing luxurious; those whose combined family, or individual earning power would enable them to keep such a home, and pay-all their expenses, but when sickness comes their slender resources are taxed. They *must* have a doctor, and they expect to pay him a moderate fee and will do so sooner or later, probably later. The doctor says they *must* have a nurse, and the doctor (all honor be to him, for we have many such) demands that the nurse be paid weekly. This nurse will have to be fed and housed while caring for their loved one. They cannot possibly pay more than \$10 or \$12 per week—honest souls that they are, this will be paid and paid cheerfully and promptly.

We will suppose a nurse has accepted this case at \$12 because she feels it her duty to do an act of kindness. Apropos of alluding to classes, let us ask right here, from what class does our average nurse come? Could she, should disease overtake her, pay even \$8 per week to a sister nurse to take care of her, let alone all other detail of expense of sickness? According to my knowledge of the average nurse, she could not. Granting this to be true, the nurse who took the above case at \$12 per week comes then from a *poorer* class than her patient. Also granting that the above definition of people of moderate means is approved, is it the burden of the poorer class to provide *even necessities* for the people of moderate means?

There may be many flippant and time-worn criticisms of the excesses and imprudent outlay of money indulged in by nurses,—I wish myself that I could see less of it and feel that nurses as a class are growing more provident, that they have more money in the bank and less on their backs,—but are the people of moderate means always as provident as *they* might be? Do they save up for a rainy day any better than our nurses do?

Experience as superintendent of a hospital, and being responsible

in a large measure for its financial condition, has taught me that it is these very people of moderate means who make the monthly deficit of hospitals. They pay all they are asked. They choose the priced bed that they know they can pay for, therefore they are perfectly honest. But where is the hospital that can support a bed it charges \$10 or \$12 per week for, for less than \$12 or \$14 per week? And who makes up the difference? Philanthropists—in one way or another—either by donations, bequests, or endowed funds. Until some way can be found to have philanthropy play a part in supporting a number of nurses who could be called upon to nurse the sick regardless of whether they are to receive \$10 or \$25 per week, this problem of supplying skilled nursing to people of moderate means must remain unsolved.

There are many nurses doing private duty who would gladly accept an assured income, or salary, even if it were not very high, in exchange for the uncertain ebb and flow of private nursing. How to assure this salary is the conundrum.

Governing boards composed of philanthropic men and women could be provided for nurses' homes or clubs similar to those provided for hospitals could they be brought to see the need for this work. With a corps of faithful physicians lending their patronage, the nurses engaged in these club-houses could be sent to all classes. The amount received from those earning the full price, together with the money paid those sent out under price, would almost meet the salaries, provided work was plentiful. This uncertainty of work is a condition which the unsalaried nurse is fighting single-handed at all times.

Other efforts relative to the care of the sick could be introduced to help support the club-house, such as preparing delicacies for the sick, nurses' registry, etc., etc. We may also look to an organization of this kind to discriminate between sending the graduate of many years' standing to give nursing worth \$25 or \$30 a week to those paying that sum, and sending a nurse who was a pupil yesterday and a graduate to-day, knowing little else but theory.

There is very little in our hospital training that fits a nurse to enter a private house, and her fitness for this has to be gained by experience. Who should suffer while she gains it? Surely not those paying \$25 and \$30 per week.

In the *Dietetic and Hygienic Gazette* of November, 1907, there is an article by Miss Pearl C. Winn setting forth the work of the Albany Guild.

A recent article on the "Nursing of People of Moderate Means," by Dr. J. N. E. Brown, containing a more detailed account of the

work of this Guild, was published in the *National Hospital Record*. To outline the work briefly, it is this: The Guild has at its head one or more hospital graduate nurses whose duty it is to supervise the work of women they engage to care for poor people and those of limited means, in their homes. These graduates go from house to house supervising the work of their pupils and giving such help and instruction as is needed, and in many instances giving treatments which are beyond the knowledge of their pupil. In due course of time these pupils are considered competent enough to receive a certificate and their charges are then limited to a maximum fee of \$15 per week as domestic or experienced nurses. Then they no longer work under the supervision of the Guild. During the time these pupils do work under the supervision of the Guild, the Guild charges the patient according to the value of the services rendered. Would it be an unwise suggestion to our hospitals that this line of work be taken up in some such manner as the Albany Guild conducts it, as a part of the curriculum of a three years' course in training, and in this way engage the agency of philanthropy?

The doctor who has no hospital appointment is one who should arouse our interest and concern. Both from a professional and financial point of view it may be difficult for him to part from his patient and send him or her to the hospital under the care of the doctor who may be fortunate enough to have an appointment there. If the hospital supplied pupil nursing under conditions mentioned above, there would be no reason why he could not call a nurse from it, knowing that his patient would have a skilled eye supervising the half-skilled care and thus keep his patient to his own advantage and doubtless the patient's comfort.

It was the lack of supervision which condemned the practice of sending our pupil nurses out on private duty when that was customary, as well also as the lack of regulation of time that a pupil nurse was kept on private duty. That our graduate nurses who are to do private duty in private houses should be so utterly ignorant of meeting conditions that only those who have done private duty know about, is a great reflection on our present methods of training. We cannot forget how constantly the pupil nurse was in demand when the training schools supplied them for private duty—and we also know that they were largely engaged by the people of moderate means. In those days one rarely heard of the domestic or experienced nurse as a *rival* in the field. That the experienced or domestic nurse must and will exist, I think both the medical and nursing profession recognize, but it is

only when she assumes to be what she is not, and the doctors receive her open-handed for what she assumes to be, that the situation becomes intolerable. Doctors themselves, on the other hand, are quick to resent *even unethical* proceedings among those of their own profession, and the law *protects* them from such impostors as we have to deal with.

In a paper on this subject, read before the New York State Nurses' Association, in October, 1907, by Dr. Franklin W. Barrows of Buffalo, there are many excellent points made, in fact it is among the best treatises on the subject ever printed; but with all his good reasoning, he places the responsibility of providing skilled nursing for people of moderate means on the nurse, for at the close of his paper, he says, "The nurse holds the key to the situation."

Again, Miss Aikens, in a short article on "The Care of the Sick of Moderate Means" asserts that the responsibility of the nursing of the poor and the people of moderate means properly belongs to the graduate nurse. So long as our hospital doors are wide open and bear the burden of those who cannot give payment in full for value received, the people of moderate means and the poorer classes, including our nurses, need not suffer great want. Those whose prejudices will not permit them to go to hospitals, must pay the penalty in *unskilled nursing*. There can be no argument brought to bear to prove that a graduate nurse should pay that penalty. Why should not those mothers who cannot go to the hospital and leave the children at home alone, look to the large army of women who may be trained to be mothers' helpers, housekeepers, children's nurses, etc., to care for their homes, while they are in the hospital? Why should the graduate nurses feel obliged to meet these conditions for which they are in no way responsible?

In the AMERICAN JOURNAL OF NURSING for April, 1909, an article by Miss Lily Kanely, R.N., appears, entitled, "A Successful Central Registry," which is very interesting. We note that one feature which contributes to its success as a registry is that experienced nurses are permitted to register as well as graduates, giving another illustration of the fact that the experienced nurse has her place in the world and must exist. The price of these nurses is graded according to the service they are capable of rendering. The nursing profession would be better off to-day if some such grading of prices could be made for the graduates.

It has been the aim of this paper to be fair to both parties, viz., the graduate nurse and the people of moderate means. It is far from the intention of the writer to foster or encourage a mercenary spirit in nurses. But alas! such is human nature that it is no less true of the

well-paid nurse to-day than it was in Thackeray's time and pictured by him as follows: "What love, what fidelity, what constancy is there equal to that of a nurse with good wages? They smooth pillows and make arrow-root. They get up at nights; they hear complaints and querulousness; they see the sun shining out of doors and don't want to go abroad; they sleep on arm chairs and eat their meals in solitude; they pass long, long evenings doing nothing, watching the embers, and the patient's drink simmering in the jug; they read the weekly papers the whole week through, and Law's 'Serious Call' or 'The Whole Duty of Man' suffices them for literature for the year."

We will hope that the great majority of nurses are those faithful ones who "unmoved by threatening or reward" do their duty, each earning for herself the commendation "She hath done what she could."

### REASONS FOR CENTRAL REGISTRIES AND CLUB HOUSES

BY LINNA T. RICHARDSON  
Portland, Oregon

THE reason for the existence of any business is that the firm conducting that business can supply the demand for a certain line of goods more quickly, in greater variety, and cheaper than the individual can procure the same goods for himself.

The nursing profession handles a commodity that is greatly needed when it is needed at all. Quality and quick delivery count for as much, perhaps for more in our market, than in that of other lines of business.

A central directory is a clearing house for nurses, and as such will require an operative system that has been tested and found reliable.

I believe in central directories conducted by nurses. If the demand is not supplied by the nursing profession, it will be supplied by people in other lines of business to the detriment of nurses, as often happens when the names of nurses are used as an advertising medium to attract attention to some one's more profitable wares. We do well to realize that nothing of value is obtained in this world free of cost.

A profession whose mission is to save life is surely equal to the task of *self-preservation, self-government, self-support, and self-respect*.

At the same time it is true that "no man liveth to himself and no man dieth to himself," and I am convinced that there is no such thing as independence as we are accustomed to think of it, but that interdependence is that which exists in its stead.

The world was not made for the advancement of the individual, rather the individual for the advancement of the world. Therefore if we take our place as a worthy profession should, we must consider the world that we serve in our professional life. That which will advance the interests of humanity will greatly advance the interests of our profession in the service of humanity.

The nursing world and the world to be nursed is fast learning the value of state registration of nurses. Hand in hand with that knowledge will come the realization of the value of central registries and homes for nurses. Humanity is the gainer by both of these advance movements. The successful nurse of the future is the wise nurse of the future. And she is wise who is broad-minded enough to consider her own welfare through every advance movement that can be used for the betterment of conditions now existing.

When thousands of people engaged in one line of work shall have the same ideals and the same ambitions, their wishes as expressed by their representatives will have weight with the people who need their services. In union there is strength, and this is an age of organization. To be able to advance the interests of the nursing profession we must therefore be united and well organized.

If western nurses have caught the true spirit in regard to the need of registries and club-houses, it is not because of any special farsightedness, but rather because of dire necessity.

The fertile field of the west is so likely to become a dumping ground of the unfit that self-protection is forced upon the people of the west at times. Therefore there is great necessity for registries and clubs where the many *fine* nurses that come to us may be assured of a welcome, and find a place to which they have equal right with the best in the profession. The registries that welcome the best tend to discourage the unfit who are in the profession, and we must admit that they are not a few.

Nothing that is worth while is accomplished without sacrifice, by the one for the many or the many for the few, and pioneers in movements for the benefit of any class do not lie on beds of roses. They find that every victory over prejudice, and every advance step taken, is the result of much expenditure of energy, and is sometimes accompanied by wounds and weariness. If the spirit behind the pioneer is what it ought to be these things will not lessen her efforts, for she will know that the best way out of all difficulties is forward.

It has often been said in my hearing that nurses are not good business women. If that is true, and I am inclined to think that it may

be true of many, it would be a great advantage to nurses to become good business women in short order.

Men of capital and business sagacity know that it pays and pays well to build apartment houses and hotels. They expect a return of from 10 to 17 per cent. on the money invested.

Nurses could as well have their money earning that interest as to be paying the same to the capitalist. The large profit in a building goes to the owner of the building and comparatively small profit to the person who is responsible for the success of the house and the problem of making it pay.

I feel sure that any large alumnae, or state association could form within itself a syndicate of women who could invest the capital necessary to build such houses as women need, and themselves have good returns on their investment, and the nurses so housed have better and cheaper homes than they could provide for themselves in any other way. They would do well to build much larger than they could at first use for nurses, filling the surplus room with business women. Thus the future would be provided for, and the present be made more livable by intercourse with women in other lines of work. Association with the women of the business world is helpful to nurses and a good thing for the business women as well. The effect is broadening and nurses need broadening as much as any class of people now living.

As to the building itself, I find that a house which makes it possible for a woman to economize for herself is the most desirable. The real woman is not anxious to do as little as she can for herself, but rather to do all that she can and do it well. Cooking for nurses is not satisfactory to nurses or to those responsible for the financial end of the undertaking. When a nurse does her own catering she makes herself pay the penalty of her extravagance if she is extravagant, and gives herself the benefit of her own economy if she is economical. There is no one to blame if she is not suited, and no one but herself to profit by her frugality. Therefore the house that I have recently completed meets a great need perfectly. A general dining-room would be run at a loss in a house where women of such uncertain habits are to abound and flourish.

The house that I find so satisfactory has a public parlor, is well supplied with baths, has a fine large laundry and drying room. The office and 'phone service is well regulated. The apartments large and small have each a small kitchenette in which every convenience is found though in a very small space. There is a sink, hot and cold water, shelves for supplies, place for a hot plate, an ironing board in the wall,

and the light and ventilation are all that could be desired. The room has a disappearing bed, a large closet and a stationary bowl; the furniture is plain but substantial.

There are in every city nurses who are capable of running this kind of a house, and I hope that the time is not far distant when nurses will take the matter up and have homes of this kind owned by syndicates of nurses or by associations of nurses in every large city.

Ours is a woman's profession in a man's world, and we need to realize that men will take much less interest in our advancement than we take in it ourselves. If that is so how much help can we expect outside of our own ranks? We shall not need help if we are interested in our profession first and ourselves last.

We are under laws made by men, we must pay tribute to Caesar, for all things are Caesar's. It is easy not to want to vote, not to try to build for ourselves, not to reason why it is easy, but in the end we must pay the price of our laxity and the price we can ill afford.

The products of our hands and brains are being appropriated to overflow the already full coffers of the rich of the world. Under such circumstances existence is fast becoming a problem which will be further complicated until women are willing to think and plan for women.

I do not even ask my sisters to excuse this little introduction of a few words in behalf of equal rights, if so you term it, because there are some things that we will consider later on though now we are inclined to shirk these seeming burdens, burdens that will one day become too great for us to bear.

I believe in *women*, as well as nurses, and I look for the time when women the world over will believe in each other and support every movement for the help of the women of the world of which, though nurses, we must ever be a part.

For the women in this convention to will is to do. There is no need to hesitate, but there is need to be united, and interested and anxious to make every effort tell for the good of the whole in the profession of nursing.

MISS GLADWIN.—Before we go any further may I make a motion that we appoint three committees to formulate a plan for district nursing, the care of the tuberculous, and the nursing of the insane, these committees to report at our next annual meeting.

The motion was carried.

MISS PICKHARDT.—I believe that only one-third of the members of the Associated Alumnae are subscribers of the JOURNAL. I would move that every nurse who is a subscriber at the present time ask for a subscription blank and give it to some member who is not. Our membership is fourteen thousand.

The president asked for information in regard to the publication of the proceedings of the convention in the JOURNAL, explaining that the JOURNAL company could not assume the cost of the publication of the full proceedings and all the papers, but would do so to the extent of an ordinary number.

After considerable discussion it was decided that the proceedings should be published in the JOURNAL and, by motion of Miss Delano, that the Associated Alumnae finance the additional expense and that the publication committee be empowered to cut down the material sufficiently to meet such appropriation as the Executive Committee might determine upon.

Miss COOKE.—In considering the reorganization of the association it seems to me that a very advisable thing to do would be to make the dues include the subscription to the official organ of the association. All members then would receive a copy of the magazine and it would rest with them whether or not they kept in touch with what was going on in the association; the amount coming in would cover all the expense of printing the proceedings of the meetings, which would go into history, and those of us who are interested in preserving them would have them on file. It seems to me the official organ is the place for the proceedings in full. We never can make the progress we should make until a radical step is taken to include the official organ in our dues. We then would have sufficient funds to develop the work.

I wish to make a motion to the effect that in the re-arrangement of the by-laws there shall be incorporated a plan that shall include in the dues of the affiliated societies the subscription price of the official organ, the AMERICAN JOURNAL OF NURSING.

The motion was seconded by Miss Dock. *Not put to vote*

THE PRESIDENT.—The state societies are only affiliated now and have only one vote. It would be rather difficult to formulate a plan which would include the cost of the official organ for each member of the association, because at present the members who are included in alumnae societies are assessed only twenty cents per member, and to put the dues up to include the JOURNAL might work a hardship. It might be done with permanent members. If we increase as rapidly in the future as we have in the last four years there will not be many paying dues.

Miss COOKE.—I recognize the problem that is involved and there would be a great deal of dissatisfaction at the beginning, but if we can solve the problem by starting it in a tangible way those that come after us will take it as a matter of course so far as the little expense is concerned, and it seems to me if each affiliated association will send in its list of members and be responsible for their dues, and the dues raised to include the official organ of the association, it will be only a question of a short time before matters will resume their normal condition. It is an educational work and we have to pay for it, and if we are going to have the educational work done in a satisfactory way every member must have the benefit of the magazine. We have a year to study over this. I wish merely to have submitted a tangible plan to handle this matter. Those who come after us will take it as a matter of course even if it were five dollars a year they had to pay. The educational work would be simplified all over the country.

This is merely a suggestion to get it in tangible shape. What would it be if we paid ten to fifteen dollars a year if we did something to further the work

of education by the national association? There would be trouble for a time, but after it is once over it would be fixed for all time. There would be no further worry. We would have a reserve fund. This is a problem we have to solve.

When we think of the advantages to the women who have spent so many years in attending to the affairs of our association I think we should feel willing to spend ten or fifteen dollars a year to advance our educational interests. When I think of the money these women have given, of the sacrifices they have made, and the time they have devoted to our interest I think this thing should be done.

Originally in California we started out with our little state journal and asked the members to subscribe. They were very much pleased with the journal. Before the subscription expired we put in a notice asking them to renew their subscriptions before a certain date. That date came and the subscriptions were not in, but they told us how much they enjoyed the journal. I felt we must establish the journal and unless we had some other means than voluntary subscriptions we could not continue it. We brought the matter before our association at one of the annual meetings and it caused considerable discussion at first, some stormed, but after finding out, what a year's issue of our magazine had done for the association and the good work that could be done on the coast they began to consider it more favorably, and we finally succeeded in having it included in the dues. To-day there is no question about it, and if it cost twice as much they would have it. It is only the beginning that is going to cause a little dissatisfaction. Those who come after us will take it as a matter of course. Our dues with a journal subscription are \$1.50 in those three states. The by-laws state that it is the official organ of the association. Something of the same kind could be adopted by the Associated Alumnae. It seems to me the additional cost should hardly be considered when we think of the immense amount of educational work that could be accomplished in this way. We only need to make a break to establish it.

Miss ELDREDGE.—If it is not out of order I would like to say that this association has grown to such proportions that we cannot tell where the members are from or who they are. Would it not be well in future conventions to have the various delegations seated in sections and have the voters separate so we may know who they are and where they are from. I will offer that as a motion.

Mrs. BURRILL.—In the New York state convention we have signs indicating where each delegation is from.

THE PRESIDENT.—Each county has its standard and the delegates from that county sit under it.

Miss GOLDING.—I would suggest that Miss Eldredge add to her motion that the platform be placed in the middle of the hall.

The motion offered by Miss Eldredge was carried.

THE PRESIDENT.—It might be well to suggest to our training-school superintendents that they add another branch and teach pupils to speak loudly, but the general idea is that they are taught there to speak in very moderate tones, and it might be difficult to train them for private room work and for conventions also.

We have now come to the time for selecting the place for the next annual meeting. We should be very glad to receive invitations for next year's convention.

**THE SECRETARY.**—I think Miss Maxwell was appointed a committee to present these messages to us, but Miss Maxwell not being present I will read them.

The secretary then read invitations to meet in New York City from Mayor McClellan; Dr. A. S. Draper and Dr. A. Vander Veer of the Education Department; the New York State Nurses' Association; the New York County Association; and from St. Luke's Alumnae Association.

**MISS ARRENS.**—I move we accept this very kind and generous invitation from New York.

The motion was seconded by Miss Cooke and, being put to a vote, prevailed unanimously amidst applause.

The secretary read another invitation from the Missouri Alumnae Association extending an invitation to the association to hold its convention at St. Louis in 1911, which evoked great applause.

Other invitations received were from Mrs. Bedford Fenwick, president of the National Council of Trained Nurses of Great Britain and Ireland, to the members to attend the International Congress in London; from the Washington State Association, to attend its annual convention in Seattle; from the Graduate Nurses' Association of Cleveland to attend its June meeting.

#### REPORT OF COMMITTEE ON RESOLUTIONS

The Committee on Resolutions have prepared and beg to present the following:

*Resolved*, That the Nurses' Associated Alumnae of the United States extend hearty thanks and express its cordial appreciation to the Minnesota State Nurses' Association for its cordial welcome and unceasing and unfailing efforts for our welfare, comfort, convenience, and pleasure.

To the Commercial Club of Minneapolis and the City Council of St. Paul, for their material aid in our entertainment.

To the Rev. Andrew Gillies for his invocation of the divine blessing on our assemblage.

To Mrs. Sweetzer for her continued interest in our profession, and its manifestation in the delightful trolley trip to Minnehaha Falls.

To the officers of the association who have so ably conducted the sessions of our meeting, and to all members who have prepared papers for our edification and instruction.

To the merchants, who by furnishing and decorations have added to the beauty and comfort of our assembly and retiring rooms.

To Miss Edith Rommel and her able committee for their tireless effort and perfect achievement in arrangements and information.

To the nurses in the various cities en route, who have tendered welcome and entertainment, and to all who have extended such invitations for our return trip from the convention.

To Governor Johnson for his appreciative interest and helpful consideration.

Respectfully submitted,

E. BALDWIN LOCKWOOD,

LOUISE PIERSON,

M. C. BURNETT,

Committee.

The following supplemental resolution was offered by request of the National W. C. T. U. and was unanimously adopted:

Inasmuch as the poverty, misery, and crime resulting from the use of alcohol and other narcotic drugs are in an aftermath of their action as physical poisons, we as women, as nurses, as health teachers, and as humanitarians

*Resolve*, That we will do all that we can, with professional propriety, to teach their nature and effect and discourage their use.

The following resolution relative to the moral prophylaxis movement was also submitted and adopted:

*Resolved*, That the outline of work in the moral prophylaxis movement as adopted at the American Federation of Nurses be adopted by the Committee on Public Health of this body, as its outline of work.

#### *Outline of Work*

1. Report on progress of legislation and enforcement of existing laws, prevention of prostitution, and limiting the spread of venereal disease.
2. Examine and recommend literature for nurses: (a) Professional as to extent and dangers of venereal disease; (b) Methods of instructing mothers and children.
3. To recommend for training schools courses in prevention of venereal diseases.
4. To further in state societies and alumnae associations the formation of similar committees.

#### **REPORT OF INSPECTORS OF ELECTION, MISS FLORENCE F. HENDERSON, CHAIRMAN**

You have elected the following officers: president, Miss Jane Delano, New York; first vice-president, Miss Genevieve Cooke, California; second vice-president, Mrs. A. R. Colvin, Minnesota; secretary, Miss Agnes Deans, Michigan; treasurer, Miss Anna Davids, New York; directors, Mrs. Hunter Robb, Ohio, Miss Annie Damer, New York. The officers-elect took their places on the platform and were formally introduced by the retiring president, Miss Damer, beginning with the president-elect, Miss Delano.

MISS JANE DELANO (President-elect).—I assure you my nomination and election came to me unexpectedly. It is a great honor to serve as your president during the ensuing year. However, it was my earnest desire that this honor should go to a western woman. We looked forward to Miss McIsaac being our president, but the work of this association must go on, it cannot stop because one person or another did not get office. I feel there is a tremendous responsibility resting upon the woman who occupies this position. However, I can only pledge to you my most sincere interest and my absolute willingness to do all in my power to carry out the ideals and purposes as outlined in this convention about to close. We have come west for this meeting and I think we will all take east with us a broader view of the west than we had when we came. I think we are all impressed with the beauty found and the big-hearted way they do things out here. I think we shall take away from this convention a better purpose and higher ideals, and it will be my aim to carry out to the extent of my ability the ideals that have been advanced here.

MISS DAMER (Retiring President).—Following the election of Miss Delano, a vacancy is left on the board of directors which will have to be filled.

On motion of Miss Deans, Mrs. Ida M. Tice, of Chicago, was unanimously chosen to serve out the term of Miss Delano as a member of the board of directors.

MISS RANKEILLOUR (Minneapolis).—On behalf of the Minnesota Nurses' Association I want to express our thanks and appreciation to the Superintendents' Society and to the Associated Alumnae for the inspiration and encouragement they have lent us by their presence.

MISS GLADWIN.—I want to express appreciation for the work Miss Damer has done for the *AMERICAN JOURNAL OF NURSING*. During the past four years she has worked untiringly for its progress.

MISS GOODRICH.—As chairman of the Hospital Economics Committee I want to express appreciation of the work she has done for that course. The effect of her work has reached to the coast and we feel deeply grateful for her efforts in that behalf.

MISS NUTTING.—As a fellow member of the board of directors of the *JOURNAL* may I add my tribute to her untiring effort in handling the business end of the *JOURNAL*.

There being no further business to come before the house, the twelfth annual convention was declared adjourned.

## OFFICIAL DIRECTORY.

---

### THE AMERICAN JOURNAL OF NURSING COMPANY.

President, **MISS ANNIE DAME**, R.N., Yorktown Heights, N. Y.  
Secretary, **MISS M. A. SAMUEL**, R.N., Roosevelt Hospital, New York City.

### THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS.

President, **M. ADELAIDE NUTTING**, R.N., Teachers' College, New York, N. Y.  
Secretary, **M. HELENA McMILLAN**, Presbyterian Hospital, Chicago, Ill.  
Annual meeting to be held in New York City, 1910.

### THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES.

President, **JANE A. DELANO**, R.N., The Melville, 430 West 118th Street, New York, N. Y.  
Secretary, **AGNES G. DEANS**, The Vendome, 661 Cass Avenue, Detroit, Mich.  
Inter-State Secretary, **AGNES G. DEANS**, The Vendome, 661 Cass Avenue, Detroit, Mich.  
Treasurer, **ANNA DAVIDS**, R.N., Charleston General Hospital, Charleston, W. Va.  
Annual meeting to be held in New York City, 1910.

### ARMY NURSE CORPS, U. S. A.

**JANE A. DELANO**, R.N., Surgeon-General's Office, Washington, D. C.

### NAVY NURSE CORPS, U. S. N.

**ESTHER VOORHEES HASSETT**, R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

### HOSPITAL ECONOMICS COURSE, TEACHERS' COLLEGE, NEW YORK.

Director, **MISS M. ADELAIDE NUTTING**, R.N., 417 West 118th Street, New York City.

### THE CALIFORNIA STATE NURSES' ASSOCIATION.

President, **MISS MARY I. HALL**, 2534 Piedmont Avenue, Berkeley, Cal.  
Secretary, **MISS GENEVIEVE COOKE**, 324 Grand Avenue, Oakland, Cal.

### COLORADO STATE TRAINED NURSES' ASSOCIATION.

President, **MRS. MARY THURSTON**, R.N., Boulder, Col.  
Secretary, **LOUISE PERIN**, R.N., 4303 Clay Street, Denver, Col.

### GRADUATE NURSES' ASSOCIATION OF CONNECTICUT.

President, **MISS MARTHA J. WILKINSON**, 124 Windsor Avenue, Hartford, Conn.  
Corresponding Secretary, **Mrs. EORTH BALDWIN LOCKWOOD**, Granby, Conn.

### DISTRICT OF COLUMBIA GRADUATE NURSES' ASSOCIATION.

President, **MISS ANNA J. GREENLEAF**, R.N., 1723 G Street, Washington, D. C.  
Secretary, **MISS LILY KANEY**, R.N., 1723 G Street, Washington, D. C.

**GEORGIA STATE ASSOCIATION OF GRADUATE NURSES.**

President, **MISS MARY BLYTHE WILSON**, R.N., Savannah Hospital, Savannah, Ga.  
Secretary, **ELIZA CLAY**, R.N., 28 Taylor Street, East, Savannah, Georgia.

**THE IDAHO STATE NURSES' ASSOCIATION**

President, **LILLIAN LONG**, St. Luke's Hospital, Boise, Idaho.  
Secretary, **LULU HALL**, Room 410, Overland Building, Boise, Idaho.

**ILLINOIS STATE NURSES' ASSOCIATION.**

President, **MINNIE H. AHRENS**, R.N., Provident Hospital, Chicago, Ill.  
Secretary, **BENA M. HENDERSON**, R.N., Children's Hospital Society, 79 Dearborn Street, Chicago, Ill.

**INDIANA STATE NURSES' ASSOCIATION.**

President, **MISS MARY B. SOLLES**, R.N., Reid Memorial Hospital, Richmond Indiana.  
Secretary, **MISS MAE D. CURRIN**, 39 The Meridian, Indianapolis, Indiana.

**IOWA STATE ASSOCIATION OF REGISTERED NURSES.**

President, **ANNA C. GOODALE**, Ellsworth Hospital, Iowa City, Iowa.  
Secretary, **FLOY A. STRAYER**, Box 315, Waterloo, Iowa.  
Chairman Credential Committee, **MISS LILLIAN M. ALDEN**, Mason City, Iowa.

**KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES.**

President, **MISS LAURA A. WILSON**, Children's Free Hospital, Louisville, Ky.  
Corresponding Secretary, **MISS VIOLA J. BINES**, 1335 Cherokee Road, Louisville, Ky.

**LOUISIANA STATE NURSES' ASSOCIATION.**

President, **KATHERINE DENT**, New Orleans Sanitarium, New Orleans, La.  
Secretary, **ROSA FITCHETT**, New Orleans Sanitarium, 1123 Peniston Street, New Orleans, La.

**MASSACHUSETTS STATE NURSES' ASSOCIATION.**

President, **MISS MARY M. RIDDE**, Newton Hospital, Newton Lower Falls, Mass  
Secretary, **MISS ESTHER DART**, Stillman Infirmary, Cambridge, Mass.

**MARYLAND STATE ASSOCIATION OF GRADUATE NURSES**

President, **GEORGINA C. ROSS**, R.N., Medical and Chirurgical Library, Baltimore, Md.  
Secretary, **SARAH F. MARTIN**, R.N., Medical and Chirurgical Library, Baltimore, Md.

**MICHIGAN STATE NURSES' ASSOCIATION.**

President, **Mrs. G. O. SWITZER**, Ludington, Michigan.  
Secretary, **Mrs. R. C. APTE**, Grand Rapids, Michigan.

**MINNESOTA STATE NURSES' ASSOCIATION.**

President, **Mrs. ALEXANDER R. COLVIN**, 30 Kent Street, St. Paul.  
Secretary, **Mrs. E. W. STUHR**, 2133 Kenwood Parkway, Minneapolis.

**MISSOURI STATE NURSES' ASSOCIATION.**

President, **MISS CHARLOTTE B. FORRESTER**, Box 803, Kansas City, Mo.  
Corresponding Secretary, **MISS EVA ROSEBERRY**, 1208 Wyandotte Street, Kansas City, Mo.

**NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES.**

President, **NANCY L. DORSEY**, 1316 Park Avenue, Omaha, Neb.  
Secretary, **Mrs. A. G. PINKERTON**, 112 North 41st Street, Omaha, Neb.

**GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE.**

President, **DELLA STREETER**, R.N., 88 Pleasant Street, Concord, N. H.  
Corresponding Secretary, **CARRIE HALL**, R.N., Margaret Pillsbury Hospital, Concord, N. H.

**NEW JERSEY STATE NURSES' ASSOCIATION.**

President, **BERTHA J. GARDNER**, 30 Tracy Avenue, Newark, N. J.  
Secretary, **ELIZABETH J. HIGGID**, 341 Graham Avenue, Paterson, N. J.

**NEW YORK STATE NURSES' ASSOCIATION.**

President, **Mrs. HARVEY D. BURRILL**, R.N., 1602 South State Street, Syracuse, N. Y.  
Secretary, **Mrs. GRACE KNIGHT-SCHENCK**, R.N., 114 East 71st Street, New York City.  
Treasurer, **Miss LINA LIGHTBOURNE**, R.N., Hospital of the Good Shepherd, Syracuse, N. Y.

**NORTH CAROLINA STATE NURSES' ASSOCIATION.**

President, **Miss CONSTANCE E. PFOHL**, Winston-Salem, N. C.  
Secretary, **Miss MARY SHEETZ**, Winston-Salem, N. C.

**OHIO STATE NURSES' ASSOCIATION.**

President, **Miss M. H. PIERSON**, Columbus, Ohio.  
Secretary, **Miss MATHILDA L. JOHNSON**, 501 St. Clair Avenue, Cleveland, Ohio.

**OKLAHOMA STATE ASSOCIATION OF GRADUATE NURSES.**

President, **RAE L. DESELLI**, R. N., 136 West 6th Street, Oklahoma City, Oklahoma.  
Secretary, **MARTHA RANDALL**, R.N., Oklahoma Methodist Hospital, Guthrie, Okla.

**OREGON STATE NURSES' ASSOCIATION.**

President, **Miss LENNA RICHARDSON**, 343 Thirteenth Street, Portland, Oregon.  
Secretary, **Miss FRANCES McLANE**, 374 Third Street, Portland, Oregon.

**GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA.**

President, **ROBERTA WEST**, Hamot Hospital, Erie, Pa.  
Secretary, **ANNIE C. NEDWILL**, St. Timothy's Hospital, Roxborough, Pa.  
Treasurer, **MARY J. WEIR**, Braddock General Hospital, Braddock, Pa.

**RHODE ISLAND STATE NURSES' ASSOCIATION.**

President, **Miss Lucy C. Attes**, Rhode Island Hospital, Providence, R. I.  
Corresponding Secretary, **Rhoda G. Packard**, R. F. D. No. 2, Rehoboth, Mass.

**SOUTH CAROLINA STATE NURSES' ASSOCIATION.**

President, **L. V. Jones**, R.N., Roper Hospital, Charleston, S. C.  
Secretary, **Miss Lula Davis**, Sumter Hospital, Sumter, S. C.

**THE TENNESSEE STATE NURSES' ASSOCIATION**

President, **LENA A. Warner**, 112 North Belvedere Boulevard, Memphis, Tenn.  
Secretary, **Mrs. D. T. Gould**, Nashville, Tenn.

**GRADUATE NURSES' ASSOCIATION OF TEXAS.**

President, **Mrs. Forrest M. Bratty**, 507 Taylor Street, Fort Worth, Texas.  
Secretary and Treasurer, **A. Louise Dietrich**, El Paso, Texas.

**VIRGINIA STATE NURSES' ASSOCIATION.**

President, **ETHEL SMITH**, Protestant Hospital, Norfolk, Va.  
Secretary, **ANNIE GULLY**, 108 North Seventh Street, Richmond, Va.

**WASHINGTON STATE NURSES' ASSOCIATION.**

President, **M. C. BURNETT**, Spokane, Wash.  
Secretary, **M. McMaster**, Walla Walla, Wash.

**WEST VIRGINIA STATE NURSES' ASSOCIATION.**

President, **Mrs. George Lounsbury**, 1119 Lee Street, Charleston, W. Va.  
Secretary, **Miss Carrie R. Pierce**, 411 South Front Street, Wheeling, W. Va.

**WYOMING STATE NURSES' ASSOCIATION**

President, **MARTHA A. CONVERSE**, Rock Springs, Wyoming.  
Secretary, **Mrs. Amy E. Miller**, 116 Coffeen Avenue, Sheridan, Wyoming.

---

**NAMES OF OFFICERS OF EXAMINING BOARDS.****COLORADO**

President, **LAURA A. BEECROFT**, R.N., Minnequa Hospital, Pueblo, Col.  
Secretary, **MARY B. EYRE**, R.N., 638 Grant Street, Denver, Col.

**CONNECTICUT.**

President, **Miss Emma L. Stowe**, New Haven Hospital, New Haven, Conn.  
Secretary, **R. INDE ALBAUGH**, R.N., Pleasant Valley, Conn.

**DISTRICT OF COLUMBIA.**

President, **LILY KANEY**, R.N., 1723 G Street, N. W., Washington, D. C.  
Secretary, **KATHERINE DOUGLASS**, R.N., 320 East Capitol Street, Washington,  
D. C.

**GEORGIA.**

President, ELLA M. JOHNSTONE, R.N., 309 West Thirty-fifth Street, Savannah, Ga.  
 Secretary, MRS. AGNES G. HARTRIDGE, R.N., 17 Washington Street, Atlanta, Ga.

**ILLINOIS.**

President, HELEN SCOTT HAY, R.N., 304 Honore Street, Chicago, Ill.  
 Secretary, BENA M. HENDERSON, R.N., 78 Dearborn Street, Chicago, Ill.

**INDIANA.**

President, MRS. ISABELLA GERHART, R.N., Indianapolis, Ind.  
 Secretary, MISS EDNA HUMPHREY, R.N., Crawfordsville, Ind.

**MARYLAND.**

President, MARY C. PACKARD, R.N., 27 North Carey Street, Baltimore, Md.  
 Secretary, NANNIE J. LACKLAND, R.N., Medical and Chirurgical Library, 1211  
 Cathedral Street, Baltimore, Md.

**MINNESOTA.**

President, MISS EDITH ROMMEL, 1502 Third Avenue, South, Minneapolis, Minn.  
 Secretary, MISS HELEN WADSWORTH, St. Luke's Hospital, St. Paul, Minn.

**NEBRASKA.**

President, VICTORIA ANDERSON, Methodist Episcopal Hospital, Omaha, Nebraska.  
 Secretary, ANNA E. HARDWICK, Nebraska Orthopaedic Hospital, Lincoln, Nebraska.

**NEW HAMPSHIRE.**

President, MISS BLANCH M. THURSDELL, R. N., Cottage Hospital, Portsmouth,  
 N. H.  
 Secretary, MISS AUGUSTA ROBERTSON, R.N., Elliot Hospital, Manchester, N. H.

**NEW YORK.**

President, MISS ANNIE DAME, Yorktown Heights, N. Y.  
 Secretary, MISS JANE ELIZABETH HITCHCOCK, R.N., 265 Henry Street, New York,  
 N. Y.

**NORTH CAROLINA.**

President, MISS CONSTANCE E. PFOHL, Winston-Salem, N. C.  
 Secretary, MISS MARY L. WYCHE, Durham, N. C.

**PENNSYLVANIA.**

President, WILLIAM S. HIGGEE, M.D.  
 Secretary-Treasurer, ALBERT E. BLACKBURN, M.D., 3813 Powelton Avenue, Philadelphia, Pa.

**VIRGINIA.**

President, Miss S. H. CARANISS, 109 North Seventh Street, Richmond, Va.  
 Secretary, Mrs. S. T. HANGER, 7 Waverly Boulevard, Portsmouth, Va.

**WEST VIRGINIA.**

President, DR. L. V. GUTHRIE, Huntington, W. Va.  
 Secretary, DR. GEORGE LOUNSBURY, Charleston, W. Va.

**WASHINGTON.**

President, MARY KEATING, 2020 Mallon Avenue, Spokane, Wash.  
 Secretary-Treasurer, MRS. A. W. HAWLEY, 718 East Howell Street, Seattle, Wash.